

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90221 003 ***150.00

DOCUMENT # P01000112377 1. Entity Name PALVEN INTERNATIONAL, INC.																																																					
Principal Place of Business 5750 NW 113 PL. 5750 MIAMI, FL 33178			Mailing Address 5750 NW 113 PL. 5750 MIAMI, FL 33178																																																		
2. Principal Place of Business 5750 NW 113 Place			3. Mailing Address 5750 NW 113 Place																																																		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																																		
City & State Miami FL			City & State Miami FL																																																		
Zip 33178			Zip 33178																																																		
Country Miami Dade			Country Miami Dade																																																		
4. FEI Number 80-0023758			Applied For <input type="checkbox"/> Not Applicable																																																		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																																		
6. Name and Address of Current Registered Agent RAPPORT, STEPHEN R 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> PD HERNANDEZ, JOSE L 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, JOSE L 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> PD Jose L. Hernandez 5750 NW 113 Place Miami FL 33178 </td> <td style="width:30%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jose L. Hernandez 5750 NW 113 Place Miami FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																					
Date _____ Daytime Phone # _____																																																					