
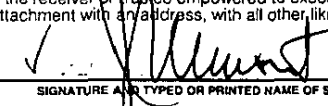


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90062 009 ***150.00

DOCUMENT # P02000058106					
1. Entity Name ESCOVEN INVESTMENTS CORP.					
Principal Place of Business 2601 S BAYSHORE DR STE 1400 MIAMI, FL 33133			Mailing Address 2601 S BAYSHORE DR STE 1400 MIAMI, FL 33133		
2. Principal Place of Business 4232 SW. 186 AVE.		3. Mailing Address 4232 SW 186 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIRAMAR, FLORIDA		City & State MIRAMAR, FLORIDA			
Zip 33029	Country USA	Zip 33029	Country USA		
4. FEI Number 04-3690377			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 DURAN, ALFREDO G 2601 S BAYSHORE DR STE 1400 MIAMI, FL 33133			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME MONTES, JOSE M		TITLE DIR - PRES		
STREET ADDRESS CALLE JORGE JUAN, #36, APT. 412Q	CITY - ST - ZIP MADRID, SPAIN		NAME MONTES, JOSE M.		
<input type="checkbox"/> Delete			STREET ADDRESS 4232 SW 186 AVE.		
<input type="checkbox"/> Delete			CITY - ST - ZIP MIRAMAR, FL 33029		
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input 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:  JOSE M. MONTES, PRES. 2/16/05 859-2696					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40020743



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