# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 06, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # P02000119189

1. Entity Name
BAVEN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6235 SUNSET DR<br>MIAMI, FL 33143 | 6235 SUNSET DR<br>MIAMI, FL 33143 |

DO NOT WRITE IN THIS SPACE

05282005 No Chg-P CR2E034 (10/03)

4. FEI Number
41-2067022

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARED, SILVANA
6235 SUNSET DR
MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | V |
| NAME | BARED, FELIX |
| STREET ADDRESS | 10290 SW 139 CT |
| CITY-ST-ZIP | MIAMI, FL 33186 |
| TITLE | ST |
| NAME | BARED, SILVANA |
| STREET ADDRESS | 10290 SW 139 CT |
| CITY-ST-ZIP | MIAMI, FL 33186 |
| TITLE | P |
| NAME | VENGOECHEA, MARTHA |
| STREET ADDRESS | 5055 COLLINS AVE., #K |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000369086
06/06/05-80004-017 150.00

DO NOT WRITE IN THIS SPACE

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:** Silvana Bared 5/31/05 305-661-2421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #