2007 FOR PROFIT CORPORATION ANNUAL REPORT. (AR)

## FILED DOCUMENT # P02000119189 May 07, 2007 08:00 A Secretary of State 1. Entity Namo BAVEN, INC. Principal Place of Business Mailing Address 6235 SUNSET DR 6235 SUNSET DR MIAMI FL 33143 **MIAMI FL 33143** 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Numbor Applied For 41-2067022 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BARED, SILVANA 6235 SÚNSET DR Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** City Zip Code 8. The above named ontity 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 Signature, typed or printed name of registered expert and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. ☐ Change Addition HITE. Delete Hiti BARED, SILVANA NAME 10290 SW 139 CT U00000762098 STREET ADDRESS STREET ADDRESS MIAMI FL 33186 05/25/07-80083-006 150.00 CHY-ST-ZIP CHY-ST-7IP ☐ Defete ■ Addition VENGOECHEA, MARTHA NAMI\* 5055 COLLINS AVE., #K STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CDY-ST-ZIP CUTY-ST-ZIP HIII Defete Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BILL ☐ Delete Change Addition NAME NAME STREET FADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP THUE Delete Change Addition STREET ADDRESS STRUET ADDRESS CHY-SI-ZIP CHY-ST-7P TITLE Delete ☐ Addition STREET ADDRESS STRLET ADORESS C(1Y-S1-7)P CHY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 offect as if made under eath; that I am an officer or director of the corporation or the receiver of 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 others like empowered.

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