

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131754

FILED
Jan 12, 2008
Secretary of State

Entity Name: ITALMIVEN TRADUCTORES & ASOCIADOS CORP.

Current Principal Place of Business:

18855 NE 29 AVE
SUITE 700
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 802004
AVENTURA, FL 33280

New Mailing Address:

FEI Number: 01-0763453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADRIANA, RODRIGUEZ L
18851 NE 29 AVE
SUITE 700
AVENTURA, FL, FL 33180 US

Name and Address of New Registered Agent:

ALBERTO, GIARDINA P
18851 NE 29 AVE
SUITE 700
AVENTURA, FL, FL 33180 US

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.

SIGNATURE: ALBERTO GIARDINA

01/12/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOBATO, DANIEL
Address: 18851 NE 29 AVE, SUITE 700
City-St-Zip: AVENTURA, FL 33180

Title: P (X) Delete
Name: RODRIGUEZ, ADRIANA L
Address: 18851 NE 29 AVE, SUITE 700
City-St-Zip: AVENTURA,, FL 33180

Title: V (X) Delete
Name: LOBATO, JOAO G
Address: 18851 NE 29 AVE. SUITE 700
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: MARIA N, MARINEZ V
Address: 18851 NE 29 AVE, SUITE 700
City-St-Zip: AVENTURA, FL 33180

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO GIARDINA

P

01/12/2008

Electronic Signature of Signing Officer or Director

Date