

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90258 037 \*\*\*150.00

66419771



MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000058427-</b>					
<b>1. Entity Name</b> ALMARVEN, INC.					
<b>Principal Place of Business</b> 5000 OAKS RD., STE. H DAVIE FL 33314			<b>Mailing Address</b> 5000 OAKS RD., STE. H DAVIE FL 33314		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 56-2362148	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MOSKOVITZ, DANIEL- ESQ. 48 EAST FLAGLER ST., PENTHOUSE 104 MIAMI FL 33131				<b>7. Name and Address of New Registered Agent</b>	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> D	<input type="checkbox"/> Delete				
<b>NAME</b> HERZBERG, ALBA	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b> 580 SABAL PALM RD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>CITY-ST-ZIP</b> MIAMI FL 33137	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
(This section is for additions/changes to officers and directors in 11)					
(This section is for additions/changes to officers and directors in 11)					
(This section is for additions/changes to officers and directors in 11)					
(This section is for additions/changes to officers and directors in 11)					
(This section is for additions/changes to officers and directors in 11)					
(This section is for additions/changes to officers and directors in 11)					
(This section is for additions/changes to officers and directors in 11)					
(This section is for additions/changes to officers and directors in 11)					
(This section is for additions/changes to officers and directors in 11)					
<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>ALBA HERZBERG</b> <b>4/15/04 305572079</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					