2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131402

FILED
Aug 12, 2004
Secretary of State

Entity Name: IAVE SERVICES CORPORATION

Current Principal Place of Business:	**New Principal Place of Business:**
I 102 MULCH STREET FORT PIERCE, FL 34947	

Current Mailing Address:	**New Mailing Address:**
I 102 MULCH STREET FORT PIERCE, FL 34947	

FEI Number: 20-0390335   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
TAX HOUSE CORPORATION 1261 E SAMPLE RD POMPANO BEACH, FL 33064 US	CORDEIRO, DEIVSON G I 102 MUCH STREET FT. PIERCE, FL 34947 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: DEIVSON GAMA CORDEIRO   08/12/2004

_____ Electronic Signature of Registered Agent _____   _____ Date _____

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: PD ( ) Delete	Title: ( ) Change ( ) Addition
Name: CORDEIRO, DEIVSON	Name:
Address: I 102 MULCH STREET	Address:
City-St-Zip: FORT PIERCE, FL 34947	City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEIVSON GAMA CORDEIRO   P   08/12/2004

_____ Electronic Signature of Signing Officer or Director _____   _____ Date _____