2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149661

Entity Name: ISIVEN. CORP

City-St-Zip:

WESTON, FL 33331 US

FILED Apr 06, 2006 Secretary of State

Littly Nai	HE. ISIVEN,	CORF.				
Current Principal Place of Business:				New Principal Place of Business:		
		RATE LAKES BLVD		4474 WESTON RD		
SUITE 105 WESTON,	FL 33326	US		SUITE 127 DAVIE, FL 33331	US	
Current Mailing Address:				New Mailing Address:		
	TH CORPORATE LAKES BLVD			4474 WESTON RD		
SUITE 105 WESTON,	FL 33326	US		SUITE 127 DAVIE, FL 33331	US	
FEI Number:	81-0640188	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MARRERO, JOSE C 1820 NORTH CORPORATE LAKES BLVD SUITE 105 WESTON, FL 33326 US				SANCHEZ, MIRNA 3864 HERON RIDGE LN WESTON, FL 33331 US		
	named entit e of Florida.	y submits this statement for th	ne purpose d	of changing its register	red office or registered agent, or both,	
SIGNATURE: MIRNA SANCHEZ				04/06/2006		
	Electr	onic Signature of Registered	Agent		Date	
Election Car	npaign Financ	ing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	LOPEZ, PAU	ON RD. SUITE # 127		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NAVA DE LO	ON RD. SUITE # 127		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	LOPEZ, CLA	() Delete RAISABEL ON RD. SUITE # 127		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: PAUL LOPEZ P 04/06/2006