
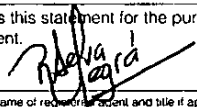
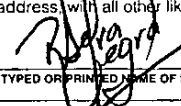


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 26, 2005 8:00 am**  
**Secretary of State**

08-26-2005 90005 001 \*\*\*\*\*8.75  
08-26-2005 90005 002 \*\*\*150.00

<b>DOCUMENT # P04000017162</b> 1. Entity Name <b>SELVA SOFTWARE, INC.</b>					
Principal Place of Business <b>1221 SW 122 AVE APT 315 MIAMI, FL 33184</b>			Mailing Address <b>1221 SW 122 AVE APT 315 MIAMI, FL 33184</b>		
2. Principal Place of Business <b>3000 Coral Way</b> Suite, Apt. #, etc. <b>1101</b>		3. Mailing Address <b>3000 Coral Way</b> Suite, Apt. #, etc. <b>1101</b>			
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>		4. FEI Number <b>20 0665066</b>	
Zip <b>33145</b> Country <b>USA</b>		Zip <b>33145</b> Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SELVA, RAINER 1221 SW 122 AVE APT 315 MIAMI, FL 33184</b>				7. Name and Address of New Registered Agent Name <b>Rainer Selva</b> Street Address (P.O. Box Number is Not Acceptable) <b>3000 Coral Way # 1101</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33145</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. SIGNATURE  DATE <b>08/22/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financial Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SELVA, RAINER 1221 SW 122 AVE; APT 315 MIAMI, FL 33184		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rainer Selva 3000 Coral Way # 1101 Miami FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 			08/22/05 786 303 4612 <small>Date Daytime Phone #</small>		