

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000084471

FILED
May 22, 2009
Secretary of State**Entity Name:** DUCAVEN INC.**Current Principal Place of Business:**4400 GRANT STREET
HOLLYWOOD, FL 33021**New Principal Place of Business:****Current Mailing Address:**4400 GRANT STREET
HOLLYWOOD, FL 33021**New Mailing Address:****FEI Number:** 20-2318229**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ZAMORA, GEORGE
3191 CORAL WAY, SUITE 404
MIAMI, FL 33145 US**Name and Address of New Registered Agent:**

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:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P () Delete
Name: DUVEN, EDGAR
Address: 4400 GRANT STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: V () Delete
Name: DE DUVEN, MARIA CACHUTT
Address: 4400 GRANT STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: T (X) Delete
Name: DUVEN, ANDREINA
Address: 4400 GRANT STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: S (X) Delete
Name: DUVEN, MARIAN
Address: 4400 GRANT STREET
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DUVEN, EDGAR

P

05/22/2009

Electronic Signature of Signing Officer or Director_____
Date