


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90077 024 ***150.00

DOCUMENT # P04000134773	
1. Entity Name ALIVEN INVESTMENTS, INC.	

Principal Place of Business 3356 BIRD AVE #7 MIAMI, FL 33133	Mailing Address 3356 BIRD AVE #7 MIAMI, FL 33133
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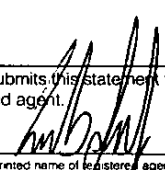
2. Principal Place of Business 2400 S.W. 3RD AVE. #404	3. Mailing Address 2400 S.W. 3RD AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 404
City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33129	Country U.S.A.



04102006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1720153		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SANCHEZ, CARLOS 3356 BIRD AVE #7 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name SANCHEZ, CARLOS. Street Address (P.O. Box Number is Not Acceptable) 2400 S.W. 3RD AVE. #404 City MIAMI FL Zip Code 33129

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: **04/09/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, JOSE 3356 BIRD AVE #7 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, JOSE 2400 S.W. 3RD AVE. #404 MIAMI, FL. 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANCHEZ, VILMA 3356 BIRD AVE #7 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANCHEZ, VILMA 2400 S.W. 3RD AVE. #404 MIAMI, FLORIDA. 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained 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 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:  DATE: **4/9/6** 305-300-4775.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR