

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000039156

Entity Name: MASTERVEN CORP.

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8340 N.W. 56TH STREET  
DORAL, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8340 N.W. 56TH STREET  
DORAL, FL 33166

**New Mailing Address:**

FEI Number: 33-1114090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VILORIA, ELENA  
8340 N.W. 56TH STREET  
DORAL, FL 33166 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: VD  
Name: VILORIA, VICENTE  
Address: 8340 N.W. 56 STREET,  
City-St-Zip: DORAL, FL 33166

Title: S  
Name: GRIMAN, MAYRA L  
Address: 8340 N.W. 56 STREET  
City-St-Zip: DORAL, FL 33166

Title: PD  
Name: VILORIA, ELENA  
Address: 8340 N.W. 56 STREET  
City-St-Zip: DORAL, FL 33166

I hereby 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 all other like empowered.

SIGNATURE: ELENA VILORIA

PD

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date