

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 13, 2006 8:00 am
Secretary of State

04-03-2006 90380 044 ***150.00

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03172006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000108807			
1. Entity Name FINVESTA, INC.			
Principal Place of Business 8201 BYRON AVE. APT 206 MIAMI BEACH, FL 33141 US		Mailing Address 8201 BYRON AVE. APT 206 MIAMI BEACH, FL 33141 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3285513		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 MASEDA, RUBEN 9140 COLLINS AVE APT K SURFSIDE, FL 33154		7. Name and Address of New Registered Agent Name Aixa Nuno Street Address (P.O. Box Number is Not Acceptable) 8201 Byron Ave # 206 Miami Beach City FL Zip Code 33141	
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 <u><i>Aixa Nuno</i></u> DATE <u>3/23/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-nesting)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUNO, AIXA 8201 BYRON AVE APT 206 MIAMI BEACH, FL 33141 <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
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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: <u><i>Aixa Nuno</i></u>		Date <u>3/28/06</u> Daytime Phone # <u>305-865-5393</u>	