2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State
04-02-2007 90099 002 ***150.00

DOCUMENT # P06000015541

1. Entity Name
CONVIAN, INC.

Principal Place of Business	Mailing Address
13125 S.W. 64TH TERRACE, #1104 MIAMI FL 33183	13125 S.W. 64TH TERRACE, #1104 MIAMI FL 33183

66003640

2. Principal Place of Business - No P.O. Box # 13125 SW 64 Terr		3. Mailing Address 13125 SW 64 Terr.	
Suite, Apt. #, etc. 1104		Suite, Apt. #, etc. 1104	
City & State Miami, FL		City & State Miami, FL	
Zip 33183	Country Miami-Dade	Zip 33183	Country USA

20-4281215 1st MOORE CR2E034 (10/06)

4. FEI Number P06000015541 — [ ] Applied For [x] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALLADAREZ, VIVIAN S
13125 S.W. 64TH TERRACE, #1104
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. [ ] **$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	DP BALLADAREZ, CONCEPCION 13125 SW 64 TERR #1104 MIAMI FL 33183	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST BALLADAREZ, VIVIAN S 13125 SW 64 TERR #1104 MIAMI FL 33183	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] DVST Vivian S. Balladarez 3/6/07 (305) 385-9057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #