



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000095539						07 MAY 25 PM 1:36 STATE FLORIDA	
1. Entity Name THE IVY K 3407 CORP.				Principal Place of Business 2100 PONCE DE LEON BOULEVARD SUITE 600 CORAL GABLES, FL 33134			
2. Principal Place of Business - No P.O. Box #				Mailing Address 2100 PONCE DE LEON BOULEVARD SUITE 600 CORAL GABLES, FL 33134			
3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. Name and Address of Current Registered Agent GURIAN, JORGE 2100 PONCE DE LEON BOULEVARD SUITE 600 CORAL GABLES, FL 33134				5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 PD NAME CHAVES, GABRIEL STREET ADDRESS 2100 PONCE DE LEON BOULEVARD, SUITE 600 CITY - ST - ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD NAME CHAVES, PILAR STREET ADDRESS 2100 PONCE DE LEON BOULEVARD, SUITE 600 CITY - ST - ZIP CORAL GABLES, FL 33134	<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		
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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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: _____				April 9, 2007 Date Daytime Phone #			