2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2007 8:00 am

	AIIIVAI	- · <u>·</u>			, D	ccicia	ny or Su	aic
DOCUMENT # P06000127425 1. Entity Name GCHERVEN, INC.							90035 018 ***150	
Principal Place of Business Mailing Address					4,000	000-		
4308 WORDS VENICE, FL	SWORTH WAY	4308 WORDSWORTH WAY VENICE, FL 34293			_		81 181 181 182 183 184 18	1(93) (1 1 59)
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242007	Chg-P	CR2E034 (12/06)	<u></u>
City & State		City & State			4. FEI Number	56911714	A _I	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate o	Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agent	
			ĺ,	Name	Char			
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.			S	Street Address (P.O. Box Number	is Not Aggeptable	<u> </u>	
4TH FLOO MIAMI, FL					<u> </u>			
				City Ven	بادو		FL Zin Good	
the obligat	named entity submits this statement from of registered agent.	or the purpose of changing its r	registered o			in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printe harne of registered agent	and title if applicable. (NOTE:	: Registered Age	ent signature required	when reinstating)	/	DATE	
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaio	gn Financin	9 _ \$5.	00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	PSTD	☐ Delete	TITLE			_	☐ Change	Addition
NAME	CHERVEN, GARY	NAM					_ ,	
STREET ADDRESS	4308 WORDSWORTH WAY		STREET AS	DDRESS				
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-	ZIP	_			
TITLE		☐ Delete	TITLE		•		☐ Change	☐ Addition
NAME	ļ !		NAME	J				
STREET ADDRESS CITY-ST-ZIP			STREET AL					
				LIF				- I Address
TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS			STREET A	DORESS				
CITY-ST-ZIP	;		CITY-ST-	1				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET AL					
TITLE		□ Delete	TITLE				☐ Change	Addition
NAME		C Delete	NAME	!			C Oranigo	
STREET ADDRESS			STREET AL	DORESS				
CITY-ST-ZIP			CITY-ST-			_		
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME					
STREET ADORESS			STREET AC					
CITY-ST-ZIP		1.45.2 (0)	CITY-ST-		U- 05	nada o de de	Sustant and the state of	-(
43 I horation	nortify that the information associacy wit	h thin filing door not qualify for	the event	anana aantalaaa	un Chanter 110	Florida Statutoe I	number continue that the in	ararmatian

I hereby certify that the information supplied with this filling 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, withall other like empowered.

CONSTRUCT:

CONSTRUCT: President

SIGNATURE:

SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-408-8384