

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # P06000129483



1. Entity Name
SMEVEN CORP.

Principal Place of Business
**3984 194YH TRAIL
GOLDEN BEACH, FL 33160-2283**

Mailing Address
**3984 194YH TRAIL
GOLDEN BEACH, FL 33160-2283**



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5692525

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMERALDI, SMERALDO
3984 194YH TRAIL
GOLDEN BEACH, FL 33160-2283**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMERALDI, SMERALDO
STREET ADDRESS	3984 194YH TRAIL
CITY-ST-ZIP	GOLDEN BEACH, FL 331602283
TITLE	VPD
NAME	SMERALDI, FAUSTO
STREET ADDRESS	3984 194YH TRAIL
CITY-ST-ZIP	GOLDEN BEACH, FL 331602283
TITLE	STD
NAME	LUENGO, VICTOR
STREET ADDRESS	15181 SW 113 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/08-80057-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Smeraldo Smeraldi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #