

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000023416

Entity Name: LIUSVAN CORPORATION

FILED  
Feb 13, 2008  
Secretary of State

## Current Principal Place of Business:

2270 OLD HICKORY TREE ROAD  
SAINT CLOUD, FL 34772

## New Principal Place of Business:

## Current Mailing Address:

2270 OLD HICKORY TREE ROAD  
SAINT CLOUD, FL 34772

## New Mailing Address:

FEI Number: 20-8495228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VILLAMIL, NANCY  
3501 W VINE STREET  
226 D  
KISSIMMEE, FL F34741 US

## Name and Address of New Registered Agent:

VALDES, LUIS  
2270 OLD HICKORY TREE ROAD  
SAINT CLOUD, FL 34772 US

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.

SIGNATURE: LUIS VALDES

02/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VALDES, LUIS  
Address: 2270 OLD HICKORY TREE ROAD  
City-St-Zip: SAINT CLOUD, FL 34772

Title: VP ( ) Delete  
Name: VERA, ESTRELLA  
Address: 2270 HICKORY TREE ROAD  
City-St-Zip: SAINT CLOUD, FL 34772

Title: S ( ) Delete  
Name: VALDES, LUIS JR  
Address: 2270 OLD HICKORY TREE ROAD  
City-St-Zip: SAINT CLOUD, FL 34772

Title: T ( ) Delete  
Name: VERA, ESTRELLA  
Address: 2270 OLD HICKORY TREE ROAD  
City-St-Zip: SAINT CLOUD, FL 34772

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS VALDES

P

02/13/2008

Electronic Signature of Signing Officer or Director

Date