## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 24, 2008 8:00 am Secretary of State **DOCUMENT # P07000083039** 03-24-2008 90063 008 \*\*\*150.00 LIVALEN ENTERPRISES, INC. Principal Place of Business Mailing Address 1 SOUTH VALENCIA DRIVE 1 SOUTH VALENCIA DRIVE \*\*\*\*\* DAVIE, FL 33324-5520 DAVIE, FL 33324-5520 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1206-15 Stirling Rd. Suite, Apt. #, etc. 1206-16 Stirling Rd. Suite, Apt. #, etc 01072008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Jania 14-200 5288 Vania Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 3*3004 • 35* Droward 3500 Y- 35 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIRIANO, YAQUELIN Street Address (P.O. Box Number is Not Acceptable) 1 SOUTH VALENCIA DRIVE DAVIE, FL. 33324-5520 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 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition ☐ Delete TITEF ☐ Change LIRIANO, FRANCISCO NAME STREET ADDRESS 1 SOUTH VALENCIA DRIVE STREET ADDRESS DAVIE, FL 333245520 CITY-ST-ZIP CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Channe ☐ Addition LIRIANO, YAQUELIN NAME NAME 1 SOUTH VALENCIA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE, FL 333245520 CITY-ST-ZIP JULE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CHTY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 flor empowered. SIGNATURE: x

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