

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109435

FILED
Sep 16, 2008
Secretary of State

Entity Name: MIAVEN BUSINESS GROUP CORP.

Current Principal Place of Business:

90 SW 8TH ST STE 234
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

90 SW 8TH ST STE 234
MIAMI, FL 33130

New Mailing Address:

FEI Number: 26-1189222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRITO, NIBIA C
90 SW 8TH ST STE 234
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

MONSALVE, AMAURY
90 SW 8TH ST STE 234
MIAMI, FL 33130 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: AMAURY MONSALVE

09/16/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: BRITO, NIBIA C
Address: 90 SW 8TH ST STE 234
City-St-Zip: MIAMI, FL 33130

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRAVO, FRANCISCO
Address: 90 SW 8TH ST STE 234
City-St-Zip: MIAMI, FL 33130

Title: VP () Change (X) Addition
Name: MONSALVE, AMAURY
Address: 90 SW 8TH ST STE 234
City-St-Zip: MIAMI, FL 33130

Title: GM () Change (X) Addition
Name: BARCIONA, ANDRES
Address: 90 SW 8TH ST STE 234
City-St-Zip: MIAMI, FL 33130

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: AMAURY MONSALVE

VP

09/16/2008

Electronic Signature of Signing Officer or Director

Date