


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000062992 1. Entity Name INVEC, CORP.	
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Principal Place of Business 8721 SW 108TH STREET MIAMI, FL 33176	Mailing Address 8721 SW 108TH STREET MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0773003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BISCHOFF, EDGARDO A
 8721 SW 108TH STREET
 MIAMI, FL 33176

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BISCHOFF, EDGARDO A 8721 SW 108TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD IDARRAGA, MARTHA CATALIN 8721 SW 108TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD IDARRAGA, MARTHA CATALIN 8721 SW 108TH STREET MIAMI, FL 33176
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 02/27/08-80030-021 150.00

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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 authorized 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 officers empowered.

SIGNATURE  **EDGARDO BISCHOFF** 2/14/08 (305)591-5650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR P.D. Date Daytime Phone #