


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000079706		
1. Entity Name CEVEN CORP.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 30 PM 2:18

Principal Place of Business 11380 SW 36TH STREET MIAMI, FL 33178	Mailing Address 11380 SW 36TH STREET MIAMI, FL 33178
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2. Principal Place of Business - No P.O. Box # 11380 NW 36TH TERR.	3. Mailing Address 11380 NW 36TH TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03212008 Chg-P CR2E034 (12/06)

City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33178	Country US

4. FEI Number 65-0863572	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARCIA, JANET 957 NW 132 AVE MIAMI, FL	7. Name and Address of New Registered Agent Name GARCIA, JANET Street Address (P.O. Box Number is Not Acceptable) 11380 NW 36TH TERR. City MIAMI FL Zip Code 33178
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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 _____

Amended AR is \$61.25	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, JANET 957 NW 132 AVE MIAMI, FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, JANET 11380 NW 36TH TERR. MIAMI, FL. 33178 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100130671501 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/03/08--01015--001 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Janet Garcia SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____