2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V13595

Title:

Name:

Address:

City-St-Zip:

DV

() Delete

LUGO, GUSTAVO A.,

4246 GOLF CLUB LN.

TAMPA, FL 33618

Entity Name: BAYVEN INTERNATIONAL, INC

FILED Apr 20, 2005 Secretary of State

Entity Name: BATVEN INTERNATIONAL, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
4246 GOLF CLUB LANE TAMPA, FL 33624				4246 GOLF CLUB LANE TAMPA, FL 33618		
Current Mailing Address:				New Mailing Address:		
4246 GOLF CLUB LANE TAMPA, FL 33624				4246 GOLF CLUB LANE TAMPA, FL 33618		
FEI Number:	59-3116314	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LUGO, CARMELO A 11309 HOLLYGLEN DR. TAMPA, FL 33624 US				LUGO, CARMELO A 4246 GOLF CLUB LN. TAMPA, FL 33618 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:				04/20/2005		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () LUGO, CARMEL 4246 GOLF CLU TAMPA, FL 336	JB LN	Title: Name: Address City-St-2	:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () LUGO, LUIS A., 4246 GOLF CLU TAMPA, FL 336		Title: Name: Address City-St-2	:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () LUGO, RICARDO 4246 GOLF CLU TAMPA, FL 336	JB LN	Title: Name: Address City-St-2	:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CARMELO ALFREDO LUGO DP 04/20/2005

() Change () Addition