

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001216

**Entity Name:** COM "V", INC

**Current Principal Place of Business:**

1225 BEAVER STREET  
SUITE 207  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

P. O. BOX 820652  
PEMBROKE PINES, FL 33082

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAPE, BENJAMIN CJR.  
10660 WASHINGTON ST.  
APT. 105  
PEMBROKE PINES, FL 33025 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name RAPE, BENJAMIN CJR  
Address 10660 WASHINGTON ST. APT 105  
City-State-Zip: PEMBROKE PINES FL 33025

Title VP  
Name DEDRIX, DAKA  
Address 1225 BEAVER STREET  
City-State-Zip: JACKSONVILLE FL 32204

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BENJAMIN C RAPE**

**PRESIDENT**

**02/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date