

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000088094

**FILED  
Mar 30, 2016  
Secretary of State  
CC9741922947**

**Entity Name:** SFVP INCORPORATED

**Current Principal Place of Business:**

655 NORTHEAST EMERSON STREET  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

655 NORTHEAST EMERSON STREET  
PORT SAINT LUCIE, FL 34983

**FEI Number:** 22-3937384

**Certificate of Status Desired:** No

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

SUSAN, FINES MPD  
655 NE EMERSON STREET  
PORT ST. LUCIE, FL 34983 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	DPS	Title	DVT
Name	FINES, SUSAN M	Name	PULCINI, VINCENT A
Address	655 NORTHEAST EMERSON STREET	Address	655 NORTHEAST EMERSON STREET
City-State-Zip:	PORT SAINT LUCIE FL 34983	City-State-Zip:	PORT SAINT LUCIE FL 34983

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

**SIGNATURE:** SUSAN M. FINES

**PRESIDENT**

**03/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date