

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000085743

Entity Name: GKV-CS, INC.**Current Principal Place of Business:**4714 NORTH HABANA AVENUE-UNIT 511
TAMPA, FL 33614**Current Mailing Address:**4714 NORTH HABANA AVENUE-UNIT 511
TAMPA, FL 33614**FEI Number:** 36-4775694**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONROE, MELVIN A
4714 NORTH HABANA AVENUE-UNIT 511
TAMPA, FL 33614 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	CDP
Name	MONROE, MELVIN A
Address	4714 NORTH HABANA AVENUE-UNIT 511
City-State-Zip:	TAMPA FL 33614

Title	DVTS
Name	MONROE, TAMEKA R
Address	7517 NORTH 40TH STREET-J 102
City-State-Zip:	TAMPA FL 33604

Title	D
Name	MONROE, RAHEEM S
Address	4715 BRISTOL BAY WAY-UNIT 301
City-State-Zip:	TAMPA FL 33619

Title	CEO
Name	MONROE, MELVIN A
Address	4714 NORTH HABANA AVENUE-UNIT 511
City-State-Zip:	TAMPA FL 33614

Title	D
Name	CENTER, KEVIN
Address	6161 MEMORIAL HIGHWAY-UNIT 1311
City-State-Zip:	TAMPA FL 33604

Title	D
Name	JACKSON, SR., WILLIE
Address	7829 NORTH 50TH STREET
City-State-Zip:	TAMPA FL 33617

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: MELVIN A. MONROE**CEO****04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date