

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90032 045 \*\*\*150.00

**DOCUMENT # H63870**

1. Entity Name  
C V LL INVESTMENT, INC.



Principal Place of Business

275 WEST 25TH STREET  
HIALEAH, FL 33010

Mailing Address

275 WEST 25TH STREET  
HIALEAH, FL 33010

**DO NOT WRITE IN THIS SPACE**



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2528329

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, LUIS  
275 WEST 25 STREET  
HIALEAH, FL 33010

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE DP  
NAME LOPEZ, LUIS  
STREET ADDRESS 19325 E ST ANDREW DRIVE  
CITY-ST-ZIP MIAMI, FL 33015 15782 NW 79 ST  
MIAMI, FL 33015 171 AMI, MIAMI, FL 33016

TITLE SD  
NAME CANDELARIO, VICTOR H.  
STREET ADDRESS 11630 NW 57 CT  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE DV  
NAME LOPEZ, MIGUEL  
STREET ADDRESS 16521 N.W. 82 PLACE  
CITY-ST-ZIP MIAMI, FL 33016

TITLE DT  
NAME VALDES, JOSE A.  
STREET ADDRESS 693 WEST 63 STREET  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #