


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 A
Secretary of State

DOCUMENT # H70396 1. Entity Name D.W.V. INVESTMENTS, INC.	
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Principal Place of Business 2500 N. FEDERAL HWY SUITE 201 FT LAUDERDALE, FL 33305 US	Mailing Address 2500 N. FEDERAL HWY SUITE 201 FT LAUDERDALE, FL 33305 US
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2572164	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ED ROWLAND
2500 N FEDERAL HWY
SUITE 201
FT LAUDERDALE, FL 33305

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIRKSEN, VOLKMAR 6650 N.E. 7TH AVE. BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROWLAND, ED 2920 PORT ROYAL LANE FT. LAUDERDALE, FL 33308
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02/21/08-80073-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or other like empowered.

SIGNATURE Pres. Volkmar Dirksen, 1/25/08, 954 561-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #