


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000040338 1. Entity Name CVV HOLDING LLC	
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Principal Place of Business 5420 NW 37TH AVE MIAMI, FL 33142	Mailing Address 5420 NW 37TH AVE MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE



05052008No Chg-LLC

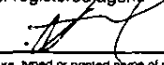
CR2E083 (12/07)

4. FEI Number 20-2732973	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CARRASCAL, VICTOR 365 NW 121ST COURT MIAMI, FL 33182

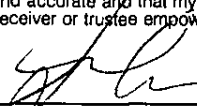
**DO NOT WRITE
IN THIS SPACE**

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 <i>X</i>  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <i>05/01/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRASCAL, VICTOR 365 NW 121ST COURT MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VASQUEZ, MAVILA G 3101 NW 2ND STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VASQUEZ, GEM 1615 NW 8TH TERRACE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: <i>X</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <i>05/01/08</i> 305-634-1606 <small>Date Daytime Phone #</small>