

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90722 041 ***150.00

DOCUMENT# M58408	
1. EntityName SVMP, INC.	

PrincipalPlaceofBusiness 2300 CORPORATE BLVD NW P O BOX 4192 BOCA RATON, FL 33431 US	MailingAddress 2300 CORPORATE BLVD NW P O BOX 4192 BOCA RATON, FL 33431 US
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94057060

2. PrincipalPlaceofBusiness	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip	Country

03172004 Chg-P CR2E034(10/03)

4. FEINumber 59-2849655	AppliedFor NotApplicable
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5. CertificateofStatusDesired ☐	\$8.75 Additional FeeRequired
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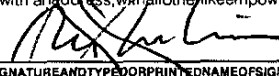
6. NameandAddressofCurrentRegisteredAgent MAGID, JUDY 2300 CORPORATE BLVD., SUITE 238 BOCA RATON, FL 33431	7. NameandAddressofNewRegisteredAgent Name StreetAddress (P.O.BoxNumberisNotAcceptable) City FL ZipCode
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8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,inthestateofFlorida.Iamfamiliarwith,andaccepttheobligationsofregisteredagent.
SIGNATURE _____ Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgent'ssignatureisrequiredwheneverinsisting)
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. ElectionCampaignFinancing TrustFundContribution. ☐ \$5.00 MayBe AddedtoFees
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10. OFFICERSANDDIRECTORS		11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11	
TITLE NAME STREETADDRESS CITY-ST-ZIP	PST SHUBIN, BILL 175 N.E. SPANISH TRAIL BOCA RATON, FL ☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	D SHUBIN, BILL 175 N.E. SPANISH TRAIL BOCA RATON, FL ☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. IherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformationindicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficedordirectorofthecorporationorthereceiverortrusteeempoweredtoexecuteandsubmitthisreportasrequiredbyChapter607,FloridaStatutes;andthatmynameappearsinBlock 10orBlock 11if changed,oranattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE:  SIGNATUREANDTYPEORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Bill Shubin	April 1, 2004 Date	(561) 395-2228 DaytimePhone#
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