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Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90722 041 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M58408

1. EntityName
SVMP, INC.

94057060

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

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

03172004 Chg-P CR2E034(10/03)

4. FEINumber: 59-2849655 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

MAGID, JUDY
2300 CORPORATE BLVD., SUITE 238
BOCA RATON, FL 33431

7. NameandAddressofNewRegisteredAgent

Name

StreetAddress (P.O.BoxNumberisNotAcceptable)

City **FL** ZipCode

8. TheabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagentorbothintheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE ______________________________________ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS		11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11
TITLE: PST NAME: SHUBIN, BILL STREETADDRESS: 175 N.E. SPANISH TRAIL CITY-ST-ZIP: BOCA RATON, FL	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: D NAME: SHUBIN, BILL STREETADDRESS: 175 N.E. SPANISH TRAIL CITY-ST-ZIP: 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
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TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

12. IherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;and thatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwithanaddress,withallotherlikeempowered.

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