

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90014 013 \*\*\*550.00

**DOCUMENT # P00000005821**

1. Entity Name

C.V.M. TECHNOLOGY, INC.



Principal Place of Business

8351 NW 54TH ST.  
MIAMI FL 33166

Mailing Address

8351 NW 54TH ST.  
MIAMI FL 33166

2. Principal Place of Business

8359 NW 54th ST  
Suite, Apt. #, etc.

3. Mailing Address

8359 NW 54th ST  
Suite, Apt. #, etc.



MOORE

CR2E034 (4/04)

City & State

MIAMI FL 33166

City & State

MIAMI FL 33166

4. FEI Number

65-0975127

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRICE, VIVIANA M  
8351 NW 54TH ST.  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

VIVIANA M PRICE

Street Address (P.O. Box Number is Not Acceptable)

8359 NW 54th Street

City

MIAMI

FL

Zip Code

33166

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 \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | VP                      | <input type="checkbox"/> Delete |
| NAME           | VIZCAPRA, CLAUDIA       |                                 |
| STREET ADDRESS | 9850 SW 72 COURT        |                                 |
| CITY-ST-ZIP    | MIAMI FL 33156          |                                 |
| TITLE          | S                       | <input type="checkbox"/> Delete |
| NAME           | MANSUR, MARIA           |                                 |
| STREET ADDRESS | 2120 NW 145 AVENUE      |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33028 |                                 |
| TITLE          | P                       | <input type="checkbox"/> Delete |
| NAME           | PRICE, VIVIAN           |                                 |
| STREET ADDRESS | 2120 NW 145 AVENUE      |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33028 |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | S                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MAUSUR MARIA            |  |
| STREET ADDRESS | 14019 NW 16 DR          |  |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33028 |  |
| TITLE          | P                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | PRICE VIVIAN            |  |
| STREET ADDRESS | 14019 NW 16 DR          |  |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33028 |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

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 #

7-28-2004 3057184580