

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000025815

1. Entity Name
PVW, INC.



Principal Place of Business
525 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH, FL 33401

Mailing Address
525 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH, FL 33401



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0994541

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZELLER, RONALD J ESQ.
525 SOUTH FLAGLER DRIVE
SUITE 200
PALM BEACH, FL 33401

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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

Signature, typed or printed name of registered agent and title if applicable

(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 ☐

\$5.00 May Be
Added to Fees

U000000896826
04/25/08-80024-003 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PAGE, MICHAEL
STREET ADDRESS 100 WORTH AVE., APT 312
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE TD
NAME PAGE, JOAN R
STREET ADDRESS 100 WORTH AVE., APT 312
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Michael Page MICHAEL PAGE 4-4-08 361 655 6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #