

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000072194

1. Entity Name
V.S.V. ENTERPRISES INC.



Principal Place of Business
**5405 N. CHURCH AVE
TAMPA, FL 33614**

Mailing Address
**5405 N. CHURCH AVE
TAMPA, FL 33614**



01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3658946

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PERSAD, CARL S
5405 N CHURCH AVE
TAMPA, FL 33614**

**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

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**

**U000000793227
01/24/08-80040-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERSAD, CARL S
STREET ADDRESS	5405 N. CHURCH AVE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	D
NAME	PERSAD, SHAMDAI
STREET ADDRESS	5405 N. CHURCH AVENUE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	T
NAME	PERSAD, GANESH V
STREET ADDRESS	5405 N. CHURCH AVE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	S
NAME	PERSAD, KAMINE V
STREET ADDRESS	5405 N. CHURCH AVENUE
CITY-ST-ZIP	TAMPA, FL 33614

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #