

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000018020

Entity Name: G.V.P., INC.

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
SUITE 650
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 650
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1080332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUEIRO, ALEXANDER CPA
2121 PONCE DE LEON BLVD
SUITE 650
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: PONCE, CARLOS
Address: 2121 PONCE DE LEON BLVD STE 650
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: ALEXANDER, SUEIRO CPA
Address: 2121 PONCE DE LEON BLVD STE 650
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER SUEIRO, CPA

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03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date