2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000038032

DOCUMENT # 1. Entity Name

K.V.G. INVESTMENT, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90541 045 ***150.00

,			WE THE	, , , , , , , , , , , , , , , , , , ,			
Principal Place of Business Mailing Address 12425 BEACONTREE WAY 12425 BEACONTREE WA ORLANDO FL 32807 ORLANDO FL 32807		ACONTREE WAY					
2. Principal Place of Business	3. Mailing	Some ac	0 0 1 1	E CONTRACTOR STATE OF STATE AND STATE OF STATE S			
Suite, Apt. #, etc.		HOWL. 020 pt. #, etc.	ccoess,	☐ CHECK HERE IF MAKING	CHANGES		
Olty & Staffe	City & S	itate		4. FEI Number APPLIED FOR		oplied For]
32837 Country	Zip	Co	ountry	5. Certificate of Status Desired	\$8.75 Add	ditional	
	of Current Registered A	.aent		7. Name and Address of New Registered			1
			Name				1
GARDONIO, ANA M							_
12425 BEACONTREE WAY			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32807							┨
URLANDO FL 32007							1
			City	FL	Zip Cod	е	
8. The above named entity submits this s	tatement for the purpose	of changing its regis		ered agent, or both, in the State of Florida. I am	amiliar with	and accept	1
the obligations of registered agent.	Λ .	or one gray to rogic	torou umoo or rogiut	Side Sgoria, or boar, in the order of Frontae. Family	acrimar trian	and coope	
Hard Ma	سلم ا						
SIGNATURE Signature, typed or printed harne of re	gistered agent and title if applicab	e. (NOTE: Regis	stered Agent signature require	ad when reinstating) DATE			
				·			┨
FILE NOW!!! FEE IS \$1		ا الماليات		- 9. Election Campaign Financing	\$5.0	0 May Be	
After May 1, 2003 Fee will be Make Check Payable to Florida Dep				Trust Fund Contribution.		to Fees	
15 1				ADDITIONS (CHANGES TO SEEGEDS AND	DIDECTOR	C INL 44	-
TITLE PSTD	CERS AND DIRECTORS	_	ITLE	ADDITIONS/CHANGES TO OFFICERS AND			่⊲
NAME GARDONIO, ANA MARI	Δ "	1	NAME		☐ Change	Addition	CR2E034 (10/02)
STREET ADDRESS 12425 BEACONTREE W		I	STREET ADDRESS				7
CITY-ST-ZIP ORLANDO FL 32807	,,,,,		CITY-ST-ZIP				8
TITLE VD			TITLE		☐ Change	Addition	1 2
NAME GIORGIO, VANESSA			NAME		change	Addition	5
STREET ADDRESS 12425 BEACONTREE W	IAY.		STREET ADDRESS				
CITY-ST-ZIP ORLANDO FL 32807	i.		CITY-ST-ZIP				1
TITLE VD		☐ Delete	TITLE		☐ Change	Addition	1
NAME GIORGIO, VANESSA			IAME				
STREET ADDRESS 12425 BEACONTREE W	/AY		STREET ADDRESS				ł
CITY-ST-ZIP ORLANDO FL 32807		C	CITY-ST-ZIP				
TITLE		☐ Delete 1	TITLE		☐ Change	☐ Addition	1
NAMÉ			IAME		_		
STREET ADDRESS			TREET ADDRESS				
CITY-ST-ZIP	4-14-1	C	CITY-ST-ZIP				
TITLE		Delete	ITLE	The second secon	☐ Change	Addition	
NAME		, N	IAME			-	
STREET ADDRESS			TREET ADDRESS				
CITY-ST-ZIP		C	HTY-ST-ZIP				
TITLE		□ Doloto	ITI E		Change	☐ Addition	i i

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ALMEKOLINDO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #