

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90025 048 ***150.00

DOCUMENT # P01000101367

1. Entity Name

SVS DIGITAL INC



Principal Place of Business

14020 NW 18TH ST.
HOLLYWOOD FL 33028-2809

Mailing Address

14020 NW 18TH ST.
HOLLYWOOD FL 33028-2809

2. Principal Place of Business

7220 NW 36TH STREET

3. Mailing Address

965 NE 171 STREET

Suite, Apt. #, etc.

308A

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

NORTH MIAMI BEACH FL

Zip

33166-6736

Country

DADE

Zip

33162

Country

DADE

4. FEI Number

65-1158516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINALDI, WALTER
14020 NW 18TH ST
HOLLYWOOD FL 33028-2809

7. Name and Address of New Registered Agent

Name

ALVIN I KARP

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

965 NE 171 STREET

City

NORTH MIAMI BEACH

FL

Zip Code

33162

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

Alvin I. Karp

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

(NOTE: Registered Agent signature required when reinstating)

03/02/2004

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☒ Delete
NAME FINALDI, WALTER
STREET ADDRESS 14020 NW 18TH ST.
CITY-ST-ZIP HOLLYWOOD FL 33028-2809

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME ANDRES FLORIT
STREET ADDRESS 14437 NW 83RD PATH
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Andres Florit

ANDRES FLORIT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/2004 786-355-7699

Date

Daytime Phone #