

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000108627

1. Entry Name
RSV, CORP.



Principal Place of Business

2450 SW 137TH AVENUE SUITE 234
MIAMI, FL 33175

Mailing Address

2450 SW 137TH AVENUE SUITE 234
MIAMI, FL 33175

FILED

05 APR 21 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0554724

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, PETER M ESQ
2450 SW 137TH AVENUE SUITE 234
MIAMI, FL 33175

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SOLORZANO, ANA CAROLINA
STREET ADDRESS 2450 SW 137TH AVENUE SUITE 234
CITY, ST, ZIP MIAMI, FL 33175

TITLE D
NAME VASQUEZ, REINA M
STREET ADDRESS 2450 SW 137TH AVENUE SUITE 234
CITY, ST, ZIP MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

900054212779
05/10/05--01054--022 **300.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/05

Date

Daytime Phone #