2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027473

Entity Name: P&V CORPORATION

FILED Apr 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1563 WINTERBERRY LN 2540 W 84 STREET WESTON, FL 33327

SUITE#6

HIALEAH, FL 33016

Current Mailing Address: New Mailing Address:

PO BOX 267505 1563 WINTERBERRY LN WESTON, FL 33327 WESTON, FL 33326

FEI Number: 02-0580309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUKIN, PABLO SEVITZ, ADRIAN C 1504 BÁRCELONA WAY 1563 WINTERBERRY LN. WESTON, FL 33327 WESTON, FL 33327

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: ADRIAN SEVITZ 04/14/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: BUKIN, PABLO Name: Name: SEVITZ, ADRIAN

1563 WINTERBERRY LN 1504 BARCELONA WAY Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: WESTON, FL 33327

() Delete Title: Title: (X) Change () Addition VALERIA, VILAR Name: Name: BUKIN, PABLO

1563 WINTERBERRY LN 1563 WINTERBERRY LN Address: Address: WESTON, FL 33327 WESTON, FL 33327 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

SEVITZ, ADRIAN Name: Name: 1504 BARCELONA WAY Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ADRIAN SEVITZ PTD 04/14/2005