## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000095799

Entity Name

LV PROPERTY INVESTMENTS, INC.



Principal Place of Business

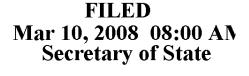
8420 W. FLAGLER ST.

220 MIAMI, FL 33144

Mailing Address

8420 W FLAGLER'ST. 220

MIAMI, FL 33144





## DO NOT WRITE IN THIS SPACE

03052008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2124849

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

FERNANDEZ, MANUEL F 8420 W. FLAGLER ST. 220 MIAMI, FL 33144

## DO NOT WRITE IN THIS SPACE

8. The above	named entity submits this statement for the p	urpose of changing its re	gistered offi	ce or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
the obligat	tions of registered agent.		-			•
SIGNATURE.	, ,					
	Signature, typed or printed name of registered agent and title it	applicable (NOTE. F	Registered Agent	signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  Added to Fees				
10.	OFFICERS AND DIRECTORS					<u> </u>
HILE HAME STREET ADDRESS CITY-ST-ZIP	DPS FERNANDEZ, MANUEL F 8420 W. FLAGLER ST., SUITE 220 MIAMI, FL 33144					
TITLE MAME STREET ADDRESS CITY-ST-ZIP					· ·	U00000853650 03/26/08-80078-004 150.00
TITLE HAME STREET ADDRESS CITY-SI-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS						

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accorder 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

. F. TERNAHDEZ, M.D.

09-05-08

(905) 441-6464

Dayline Phone #