

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000057248

Entity Name: CVM DATA PROCESSING INC.

FILED
Nov 10, 2009
Secretary of State

Current Principal Place of Business:

19515 NW 1 PLACE
MIAMI, FL 33169

New Principal Place of Business:

15205 NW 6 AVENUE
D307
MIAMI, FL 33162

Current Mailing Address:

19515 NW 1 PLACE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 20-0957651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKINNEY, CHARLOT V
19515 NW 1 PLACE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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: CHARLOT V MCKINNEY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCKINNEY, CHARLOT V
Address: 19515 NW 1 PLACE
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: MCKINNEY, CHERLYN L
Address: 19515 NW 1 PLACE
City-St-Zip: MIAMI, FL 33169

Title: VP (X) Delete
Name: MCKINNEY, CHRISTINA D
Address: 19515 NW 1 PLACE
City-St-Zip: MIAMI, FL 33169

Title: VP (X) Delete
Name: TAYLOR, JASMINE I
Address: 19515 NW 1 PLACE
City-St-Zip: MIAMI, FL 33169

Title: PRES (X) Delete
Name: POWELL, MELVIN
Address: 19515 NW 1 PLACE
City-St-Zip: MIAMI, FL 33169

Title: PRES (X) Delete
Name: HARDY, BENJAMIN D
Address: 19515 NW 1 PLACE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MCKINNEY, CHARLOT V
Address: 19515 NW 1 PLACE
City-St-Zip: MIAMI, FL 33169

Title: SEC (X) Change () Addition
Name: MCKINNEY, CHERLYN L
Address: 19515 NW 1 PLACE
City-St-Zip: MIAMI, FL 33169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHARLOT V MCKINNEY

Electronic Signature of Signing Officer or Director

PRE

11/10/2009

Date