# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P04000079549

1. Entity Name
S.V.F. CORP.

Principal Place of Business
7179 PEMBROKE RD.
PEMBROKE PINES, FL 33023

Mailing Address
7179 PEMBROKE RD.
PEMBROKE PINES, FL 33023

03182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1130256

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FUSEELD, SUSANA V.
432 NW 162ND AVE.
PEMBROKE PINES, FL 33028

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: 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. ☐ **$5.00** May Be Added to Fees

U00000866000
04/08/08-80012-006 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PVST |
| NAME | FUSFELD, SUSANA V |
| STREET ADDRESS | 432 NW 162ND AVE. |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33028 |
| TITLE | |
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12. I hereby 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 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:** Susana Fusfeld Susana V Fusfeld, President 03/18/08 954-801-9846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #