

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000118321	
1. Entity Name GVR INVESTMENTS CORPORATION	

Principal Place of Business 10537 NW 11TH STREET SUITE 202 BLDG 5 HOLLYWOOD, FL 33026 US	Mailing Address 10537 NW 11TH STREET SUITE 202 BLDG 5 HOLLYWOOD, FL 33026 US
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DO NOT WRITE IN THIS SPACE



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1492246	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILSON, RENEE N 11806 S W 93RD TERR MIAMI, FL 33186

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDES, CHRISTOPHER S 11806 S W 93RD TERR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, RENEE N 11806 S W 93RD TERR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDES, MARIE C 11806 S W 93RD TERR MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/06-80059-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>April 25, 2006</u> <small>Daytime Phone #</small>
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