


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90381 032 ***150.00

DOCUMENT # P05000082033

1. Entity Name
KBV ENTERPRISES, INC.



Principal Place of Business Mailing Address
796 DANYAN **796 DANYAN**
VERO BEACH, FL 32963 **VERO BEACH, FL 32963**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
725 Royal Palm Blvd **PO Box 651254**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
VERO BEACH FL **VERO BEACH FL**
 Zip Country Zip Country
32960 **32965** **32965**

40000030




01282008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
VIDAKOVICH, DAVID
796 DANYAN
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent
 Name: **DAVID VIDAKOVICH**
 Street Address (P.O. Box Number is Not Acceptable):
725 ROYAL PALM BLVD
 City: **VERO BEACH** FL Zip Code: **32960**

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:  **DAVID VIDAKOVICH** DATE: **April 10, 08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	DPTS	<input type="checkbox"/> Delete
NAME	VIDAKOVICH, DAVID	
STREET ADDRESS	796 DANYAN	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPTS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVID VIDAKOVICH		
STREET ADDRESS	725 ROYAL PALM BLVD		
CITY-ST-ZIP	VERO BEACH FL 32960		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:  **DAVID VIDAKOVICH** DATE: **April 10 08** DAYTIME PHONE: **(772) 643-3456**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR