

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/06)

DOCUMENT # P05000090759			
1. Entity Name R.L.V. ENTERPRISES, INC.			
Principal Place of Business 326 DOVER PL 201 NAPLES FL 34104		Mailing Address 326 DOVER PL 201 NAPLES FL 34104	
2. Principal Place of Business - No P.O. Box # 350 S. COLLIER BLVD		3. Mailing Address	
Suite, Apt. #, etc. 701		Suite, Apt. #, etc.	
City & State MARCO ISLAND FL.		City & State	
4. FEI Number 20-3028636		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VICTOR, REMI L III 326 DOVER PL NAPLES FL 34104		7. Name and Address of New Registered Agent Name: Remi L Victor Jr Street Address (P.O. Box Number is Not Acceptable): 350 S COLLIER BLVD # 701 City: MARCO ISLAND FL Zip Code: 34145	
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:		DATE:	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VICTOR, REMI L III		NAME:	
STREET ADDRESS: 326 DOVER PL		STREET ADDRESS:	
CITY - ST - ZIP: NAPLES FL 34104		CITY - ST - ZIP:	
TITLE: PRESIDENT	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VICTOR, REMI JR		NAME:	
STREET ADDRESS: 350 S COLLIER BLVD # 701		STREET ADDRESS:	
CITY - ST - ZIP: MARCO ISLAND FL 34145		CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY - ST - ZIP:		CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY - ST - ZIP:		CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY - ST - ZIP:		CITY - ST - ZIP:	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerment.			
SIGNATURE:		DATE: 3/5/2007 313-980-7671	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	