2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2007 08:00 AM Secretary of State

DOCUMENT # P05000105435 1. Enlity Name H.V.R. SERVICE, INC				Secretary of State			
Principal Place of Business 3032 NW 33 STREET MIAMI, FL 33142 Mailing Address 3032 NW 33 STREET MIAMI, FL 33142					10 11 \$ 10 0 10	## ###################################	
DO NOT WRITE IN THIS SPACE				04162007 4. FEI Numbe 65-070	04162007 No Chg-P CR2E034 (11/05) 4. FEI Number		
6. Name and Address of Current Registered Agent							
ROBAYO, HECTOR V 3032 NW 33 STREET MIAMI, FL 33142			DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or regi	stered agent, or bo	h, in the State of Florid	a. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered				ured when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10. JITLL NAME SINCLT ADDRESS CITY-ST-ZIP JITLE	OFFICERS AND DIRE PV ROBAYO, HECTOR V 3032 BW 33 STREET MIAMI, FL 33142	CTORS					
NAME STREET ADDRESS CHY-ST-7IP					0000 05/01/0	00719342 17-80059-017 150.00	
NAME STREET ADDRESS CHY-ST-ZIP TILL NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE				

12. Thereby 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 addition, with all other like empowered.

SIGNATURE

THEC
NAME
STREET ADDRESS
CHY-S1-ZIP
THEE
NAME
STREET ADDRESS
CHY-S1-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41607

Daytime Phone #