

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2008 8:00 am**  
**Secretary of State**

07-16-2008 90011 036 \*\*\*158.75

<b>DOCUMENT # P05000139577</b> 1. Entity Name <b>GVP SERVICES, INC.</b>			
Principal Place of Business <b>20816 SOUTH DIXIE HWY #102 MIAMI, FL 33189</b>		Mailing Address <b>20816 SOUTH DIXIE HWY 102 MIAMI, FL 33189</b>	
2. Principal Place of Business - No P.O. Box # <b>12515 SW 110 So Canal St Rd</b>		3. Mailing Address <b>12515 SW 110 Canal St Rd</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Miami FL 33186</b>		City & State <b>Miami, FL</b>	
Zip <b>33186</b>		Zip <b>33186</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-3637440</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VALLECILLO, GUILLERMO R 20816 SOUTH DIXIE HWY 102 MIAMI, FL 33189</b>		7. Name and Address of New Registered Agent Name <b>Vallecillo, Guillermo R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12515 SW 110 So Canal St Road</b> City <b>Miami</b> FL <b>33186</b>	
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 <b>7/8/08</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>VALLECILLO, GUILLERMO R 12515 SW 110 SOUTH CANAL ST RD MIAMI, FL 33186</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		DATE <b>7/8/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	