

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140232

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE DEPARTMENT OF SAFETY VIOLATIONS AND COMPLIANCE DIVISION, INC.

Current Principal Place of Business:

7801 POINT MEADOWS RD., UNIT 7405
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24668
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 22-3917026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEVIN GREEN CPA INC
3617-2 CROWN POINT RD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

M A HERNANDEZ TAX INC
3617-2 CROWN POINT RD
JACKSONVILLE, FL 32257 US

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.

SIGNATURE: KEVIN GREEN

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: CLAVIZZO, ANTHONY L.
Address: 7801 POINT MEADOWS RD., UNIT 7405
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: CLAVIZZAO, ANTHONY L.
Address: 7801 POINT MEADOWS RD., UNIT 7405
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY CLAVIZZAO

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date