2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000088094

Entity Name: SFVP INCORPORATED

PORT SAINT LUCIE, FL 34983

City-St-Zip:

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 655 NORTHEAST EMERSON STREET PORT SAINT LUCIE, FL 34983 **Current Mailing Address: New Mailing Address:** 655 NORTHEAST EMERSON STREET PORT SAINT LUCIE, FL 34983 FEI Number: 22-3937384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUSAN, FINES M PD 1250 SÉ PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FINES, SUSAN M Name: Name: 655 NORTHEAST EMERSON STREET Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34983 City-St-Zip: Title: DVT () Delete Title: () Change () Addition Name: PULCINI, VINCENT A Name: 655 NORTHEAST EMERSON STREET Address: Address:

City-St-Zip:

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: VINCENT A PULCINI DVT 04/10/2009