## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 23, 2007 8:00 am Secretary of State DOCUMENT # P06000103884 04-23-2007 90257 038 \*\*\*150.00 1. Entity Name ARV BUSINESS SOLUTIONS INC Principal Place of Business Mailing Address AUDI ... 11427 SW 109TH RD 11427 SW 109TH RD UNIT: D UNIT: D MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212007 Cha-P CR2E034 (12/06) 4. FEI Number 20 - 534 City & State Applied For City & State 5726 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALLS, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 11427 SW 109TH RD UNIT: D MIAMI, FL 33176 City Zip Code F١ 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ■ Addition VALLS, ADRIANA NAME NAME STREET ADDRESS 11427 SW 109TH RD, UNIT: D STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP PRESIDENT ☐ Delete (L) Change ■ Addition TITLE TITLE VALLS, ROBERTO NAME NAME STREET ADDRESS 11427 SW 109TH RD, UNIT: D STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TIRE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 wifit an address, with all other like empowered.

FILED