## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 23, 2008 8:00 am Secretary of State DOCUMENT # P07000039234 04-23-2008 90024 020 \*\*\*150.00 1. Entity Name LFV CORP. Principal Place of Susiness Mailing Address 7281 NW 174 TERR 7281 NW 174 TERR AP 103 AP 103 MIAMI, FL 33015 MIAMI, FL 33015 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc 04042008 CR2E034 (12/06) Applied For 4. FEI Nomboer Not Applicable \$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 VALLEJO, LUIS F Street Address (P.O. Pox Number is Not Acceptable) 7281 NW 174 TERR AP 103 MIAMI, FL 33015 8. The above named entity submits this statement for the purpose of changing its registered office or egistered 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) 9. Election Campaign Financing FILE NOW!!! FER IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Addition TITLE TITLE Change VALLEJO, LUIS F NAME NAME STREET ADDRESS 7281 NW 174 TERR APT. 103 STREET ADDRESS MIAMI, FL 33015 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #