

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000111784

1. Entity Name  
C L V PROFESSIONAL SERVICES, CORP.



FILED  
2008 AUG 19 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4633 SOUTH WEST 164 CT  
MIAMI, FL 33185

Mailing Address  
4633 SOUTH WEST 164 CT  
MIAMI, FL 33185



2. Principal Place of Business - No P.O. Box #

12855 SW 136 AVE

3. Mailing Address

Same

Suite, Apt. #, etc.

SUITE 210

Suite, Apt. #, etc.

08182008

Chg-P

CR2E034 (12/06)

08

City & State

Miami FL

City & State

4. FEI Number

90-0358665

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LORA-VISON, CARMEN L  
4633 SOUTH WEST 164 CT  
MIAMI, FL 33185

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME LORA-VISON, CARMEN L ☐ Delete  
STREET ADDRESS 4633 SOUTH WEST 164 CT  
CITY-ST-ZIP MIAMI, FL 33185

TITLE D  
NAME BENCOSME LORA, FELIPE A ☒ Delete  
STREET ADDRESS 4633 SOUTH WEST 164 CT  
CITY-ST-ZIP MIAMI, FL 33185

TITLE D  
NAME YARULL, JAVIER ☒ Delete  
STREET ADDRESS 4633 SOUTH WEST 164 CT  
CITY-ST-ZIP MIAMI, FL 33185

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME ROSA M. Jimenez-Grillo ☐ Change ☒ Addition  
STREET ADDRESS 12855 SW 136 AVE  
CITY-ST-ZIP miami FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900135284859  
09/03/08--01013--009 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Carmen L. Vison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-08

Date

Daytime Phone #