

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000003278

Entity Name: KVM SERVICES INC

FILED
Apr 29, 2011
Secretary of State

Current Principal Place of Business:

3090 BAYBERRY WAY
MARGATE, FL 33063

New Principal Place of Business:

5491 NW 15TH STREET
SUITE 14
MARGATE, FL 33063

Current Mailing Address:

3090 BAYBERRY WAY
MARGATE, FL 33063

New Mailing Address:

5491 NW 15TH STREET
SUITE 14
MARGATE, FL 33063

FEI Number: 26-4037999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONGOBARDI, KARLENNE A
3090 BAYBERRY WAY
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

LONGOBARDI, KARLENNE A
5491 NW 15TH STREET
SUITE 14
MARGATE, FL 33063 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: KARLENNE A. LONGOBARDI

04/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LONGOBARDI, KARLENNE A
Address: 5491 NW 15TH STREET, SUITE 14
City-St-Zip: MARGATE, FL 33063

Title: P
Name: LONGOBARDI, KARLENNE
Address: 5491 NW 15TH STREET, SUITE 14
City-St-Zip: MARGATE, FL 33063

Title: P
Name: LONGOBARDI, KARLENNE
Address: 5491 NW 15TH STREET SUITE 14
City-St-Zip: MARGATE, FL 33063

Title: P
Name: LONGOBARDI, KARLENNE
Address: 5491 NW 15TH STREET, SUITE 14
City-St-Zip: MARGATE, FL 33063

I hereby 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 all other like empowered.

SIGNATURE: KARLENNE LONGOBARDI

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date