

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000039334

Entity Name: CVM, INC.

FILED
Apr 04, 2011
Secretary of State

Current Principal Place of Business:

595 WEST CHURCH ST. APT. 827
ORLANDO, FL 32805 US

New Principal Place of Business:

8849 LATREC AVE. APT. 203
ORLANDO, FL 32819 US

Current Mailing Address:

595 WEST CHURCH ST. APT. 827
ORLANDO, FL 32805 US

New Mailing Address:

8849 LATREC AVE. APT. 203
ORLANDO, FL 32819 US

FEI Number: 61-1616363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DIR
Name: VRABIE, CARMEN M
Address: 8849 LATREC AVE. APT. 203
City-St-Zip: ORLANDO, FL 32819 US

Title: PRES
Name: VRABIE, CARMEN M
Address: 8849 LATREC AVE. APT. 203
City-St-Zip: ORLANDO, FL 32819 US

Title: VP
Name: VRABIE, CARMEN M
Address: 8849 LATREC AVE. APT. 203
City-St-Zip: ORLANDO, FL 32819 US

Title: SEC
Name: VRABIE, CARMEN M
Address: 8849 LATREC AVE. APT. 203
City-St-Zip: ORLANDO, FL 32819 US

Title: TREA
Name: VRABIE, CARMEN M
Address: 8849 LATREC AVE. APT. 203
City-St-Zip: ORLANDO, FL 32819 US

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: CARMEN M. VRABIE

PRES

04/04/2011

Electronic Signature of Signing Officer or Director

Date