

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000024050

1. Entity Name
CVP ENTERPRISES, INC.



Principal Place of Business
4310 SHERIDAN STREET
SUITE 202
HOLLYWOOD, FL 33021

Mailing Address
4310 SHERIDAN STREET
SUITE 202
HOLLYWOOD, FL 33021

FILED
Aug 14, 2008 08:00 AM
Secretary of State



08112008 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0481150

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURTON, ANDRE S
4310 SHERIDAN STREET
SUITE 202
HOLLYWOOD, FL 33021

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IN THIS SPACE**

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	PVD
NAME	VIVONA, PHILIP
STREET ADDRESS	4310 SHERIDAN STREET
CITY-STATE-ZIP	HOLLYWOOD, FL 33021
TITLE	STD
NAME	VIVONA, CHRISTOPHER R
STREET ADDRESS	4310 SHERIDAN ST
CITY-STATE-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000957687
08/14/08-80001-024 150.00

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IN THIS SPACE**

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: *X P. Huty V. Jon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 8/12/08 954-961-1040
Date Daytime Phone #