

**2006 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90027 012 ***150.00

DOCUMENT # P94000087553
1. Entity Name
CVT (USA), INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2375 TAMiami TRAIL NORTH SUITE 310 Suite, Apt. #, etc.		3. Mailing Address C/O JANE YEAGER CHEFFY Suite, Apt. #, etc. 2375 TAMiami TRAIL NORTH SUITE 310	
City & State NAPLES, FL		City & State NAPLES FL	
Zip 34103	Country	Zip 34103	Country

40025265

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0541814		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name CHEFFY, JANE Y	
Street Address (P.O. Box Number is Not Acceptable) 2375 TAMiami TRAIL NORTH SUITE 310	
City NAPLES	Zip Code 34103

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** _____

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D CHVATAL, EDUARD R GREENSIDE CT 695 DAINFERN EST FOURWAYS 2055 REP SO AFRICA	DO NOT WRITE IN THIS SPACE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **E.R. CHVATAL** **FEB 10, 2006** (239) 263-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #