

**2008 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
Mar 28, 2008 8:00 am  
Secretary of State**

03-28-2008 90024 012 \*\*\*150.00

<b>DOCUMENT #</b> P94000087553
<b>1. Entity Name</b>
CVT (USA), INC

**DO NOT WRITE IN THIS SPACE**

40053139

<b>2. Principal Place of Business</b> 2375 TAMIAMI TRAIL NORTH SUITE 310		<b>3. Mailing Address</b> C/O JANE YEAGER CHEFFY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2375 TAMIAMI TRAIL NO SUITE 310	
City & State NAPLES, FL		City & State NAPLES FL	
Zip 34103	Country	Zip 34103	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 65-0541814		<b>Applied For</b> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		\$8.75 Additional Fee Required
	<b>7. Name and Address of Current Registered Agent</b>		
	Name CHEFFY JANE Y		
	Street Address (P.O. Box Number is Not Acceptable) 2375 TAMIAMI TRAIL NORTH SUITE 310 City NAPLES <b>FL</b> 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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

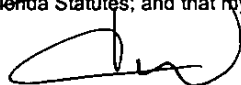
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

<b>10. OFFICERS AND DIRECTORS</b>				<b>11.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D CHVATAL, EDUARD R GREENSIDE CT 695 DAINFERN EST FOURWAYS 2055 REP SO AFRICA			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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. CHVATAL

03.01.08

239.39.88328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #