2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000072145

Entity Name: H.L.V., INC

FILED Apr 27, 2005 Secretary of State

Entity Nar	me: H.L.V., INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	V. 12TH CT. KE PINES, FL 33029	19460 N.W. 10TH STR PEMBROKE PINES, F		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
18459 PINI 115	ES BLVD.			
	KE PINES, FL 33029 US			
FEI Number:	: 65-0615174 FEI Number Applied F	For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered A	Agent: Name and Address of	Name and Address of New Registered Agent:	
10207 PINI SUITE 115	CK, RICHARD ES LAKES BLVD ; KE PINES, FL US		VOLLOVICK, RICHARD 10207 SUNRISE LAKES BLVD. SUNRISE, FL 33322 US	
	named entity submits this statemen e of Florida.	t for the purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:		04/27/2005	
	Electronic Signature of Regis	tered Agent	Date	
Election Car	npaign Financing Trust Fund Contributio	n ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete VOLLOVICK, HOWARD 18459 PINES BLVD. SUITE 115 PEMBROKE PINES, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete VOLLOVICK, RICHARD 18459 PINES BLVD., SUITE 115 PEMBROKE PINES, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () Delete VOLLOVICK, LINDA	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RICHARD VOLLOVICK VP 04/27/2005

18459 PINES BLVD., SUTIE 115

PEMBROKE PINES, FL

Address: City-St-Zip: