


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90309 042 ***158.75

DOCUMENT # P95000087131 1. Entity Name PVP, INC.			
Principal Place of Business 12155 E. 2ND AVE. STE 201 FORT LAUDERDALE FL 33316		Mailing Address 12155 E. 2ND AVE. STE 201 FORT LAUDERDALE FL 33316	
2. Principal Place of Business 2005 S. FEDERAL HWY SUITE 103 FT. LAUDERDALE FL 33316 BROWARD		3. Mailing Address 2005 S. FEDERAL HWY SUITE 103 FT. LAUDERDALE FL 33316 BROWARD	
4. FEI Number 65-0634962		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISENBERG, WILLIAM S ESQ. 315 S.E. 7TH STREET, SUITE 301 FT. LAUDERDALE FL 33301		7. Name and Address of New Registered Agent ISENBERG, WILLIAM 1216 S.E. 1ST AVE. FT. LAUDERDALE FL 33316	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME PUJARA, VIPIN STREET ADDRESS 1215 SE 2ND AVE STE 201 CITY-ST-ZIP FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete	TITLE D NAME PUJARA, VIPIN STREET ADDRESS 2005 S. FEDERAL HWY SUITE 103 CITY-ST-ZIP FT. LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PDS NAME PUJARA, PURVIN STREET ADDRESS 1215 SE 2ND AVE STE 201 CITY-ST-ZIP FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete	TITLE PDS NAME PUJARA, PURVIN STREET ADDRESS 2005 S. FEDERAL HWY SUITE 103 CITY-ST-ZIP FT. LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PUJARA, CHRISTINE STREET ADDRESS 1215 SE 2ND AVE STE 201 CITY-ST-ZIP FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete	TITLE D NAME PUJARA, CHRISTINE STREET ADDRESS 2005 S. FEDERAL HWY SUITE 103 CITY-ST-ZIP FT. LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		_____ DATE 4/13/04 (954) 467-7186	