2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPURT (AR)					Apr 22, 2005 8:00 am
DOCU 1. Entity Nam	I			Secretary of State 04-22-2005 90309 042 ***158.75	
PVP, INC.					04-22-2005 90309 042 ****158.75
Principal Plac	e of Business	Mailing Address			
12155 E. 2N STE 201	ND AVE.	12155 E. 2ND AVE.	-		-~rwu
STE 201 FORT LAUDERDALE FL 33316 STE 201 FORT LAUDERDALE FL 3331			. 33316		
2. Principal Place of Business 2005 S. FEDERAL HWY 3. Mailing Address S. FEDERAL HWY 5 S. FEDERAL HWY				NY	
Suite, Apt. #, etc.			103-		1st MOORE CR2E034 (10/04)
City & Stat	LANDERDALE FL	City & State LAUDER	DAIF	T,	4. FEI Number 65-0634962 Applied For Not Applicable
Zip 33	All Country	Zip 2021/2	Country BROWA	0)	5. Certificate of Status Desired \$8.75 Additional Fee Required
00	6. Name and Address of Current R	egistered Agent	BLOWN	<u>1-リー</u>	7. Name and Address of New Registered Agent.
ISENBERG, WILLIAM					
ISENBERG, WILLIAM S ESQ. 315 S.E. 7TH STREET, SUITE 301 FT. LAUDERDALE FL 33301 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33301					
			City	T. LA	HUDERDALE FL Zip School 3316
	named entity submits this statement for t	the purpose of changing its re	egistered office or		red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Comparison of the comparison					
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. Added to Fees					
10.	OFFICERS AND D	500000000	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D DILLIADA MIDINI	· Delete	TITLE	Dρ,	TARA VIPIN Change Addition
NAME STREET ADDRESS	PUJARA, VIPIN 1215 SE 2ND AVE STE 201		NAME STREET ADDRESS	2005	JARA VIPIN 55, FEDERAL HWY SOME 103
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP	FT.	LAUDERDALE, FL 33316/
TITLE NAME	PDS PUJARA, PURVIN	☐ Delete	TITLE NAME	PDS	() a 1.41
STREET ADDRESS	1		STREET ADDRESS	PUS	TARA, PURVIN 05 5 FEDERAL HWY SUITE 103
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP	17.	LAUDEROALE, TL 333/16
TITLE	D. PUJARA, CHRISTINE	☐ Delete_	TITLE	Do,	JARA, CHRISTINE Change Addition 05 5 FEDERAL HWY SUITE 103
STREET ADDRESS	1215 SE 2ND AVE STE 201	who we remain	STREET ADDRESS	20	05 S. FEDERAL HOLY SUITE 103
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP	<u> </u>	LAUDERDALE, FL 33314
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP		\wedge	CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filling obes 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 given like empowered.					
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SIGNATURE: SIGNATURE AND TYPE PORT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Description of Descrip					

FILED