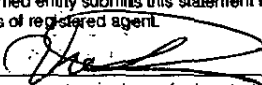


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90412 010 ***150.00

DOCUMENT # P96000066937					
1. Entity Name CVS, INC.					
Principal Place of Business 1223 EAST CONCORD STREET ORLANDO, FL 32803			Mailing Address 1223 EAST CONCORD STREET ORLANDO, FL 32803		
2. Principal Place of Business 4832 N. ORANGE BLVD MTR Suite, Apt. #, etc.			3. Mailing Address SAME Suite, Apt. #, etc.		
City & State ORLANDO FL			City & State		
Zip 32810		Country USA		4. FEI Number 59-3396477	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BENITEZ, GUS R 1223 EAST CONCORD STREET ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name VICTOR STRAMONDO Street Address (P.O. Box Number is Not Acceptable) 308 NORTH VILLAGE ST City CELEBRATION FL Zip Code 34747	
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 				DATE 4-14-03	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDV STRAMONDO, VICTOR 1677 SACKETT CIRCLE ORLANDO, FL 32818 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT STRAMONDO, VICTOR 1677 SACKETT CIRCLE ORLANDO, FL 32818 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		VICTOR STRAMONDO		4-14-03 407-291-8411	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034 (10/02)