2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03-07-2008 90039 007 ***150.00

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DOCUMENT # P97000055811

1. Entity Name
PVF INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1110 Brickell Avenue, Suite 402. Miami, FL 33131	1110 Brickell Avenue, Suite 402 Miami, FL 33131

02292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0769062 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Levine Alan W ESQ 1110 Brickell Avenue 7th Floor Miami, FL 33131	Name: CMS International Enterprises, Inc. Street Address (P.O. Box Number is Not Acceptable): 550 Biltmore Way Suite 200. City: Coral Gables FL Zip Code: 33134

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: _____ 4/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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	D REINA, NANCY 1701 SW 2ND AVE MIAMI, FL 33129	☐ Delete	D Reina, Nancy 1110 Brickell Avenue, Suite 402. Miami, FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REINA, GUILLERMO 1701 SW 2ND AVE MIAMI, FL 33129	☐ Delete	D Reina, Guillermo 1110 Brickell Avenue, Suite 402 Miami, FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	B 5/21/08	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: N Nancy Reina 2/29/08 305-371696 ext 14.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #