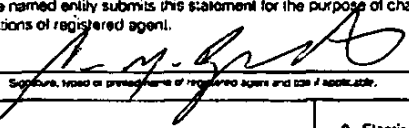
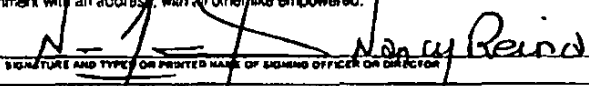


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 1110 Brickell Avenue, Suite 402 Miami, FL 33131		Mailing Address 1110 Brickell Avenue, Suite 402 Miami, FL 33131	
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
6. Name and Address of Current Registered Agent Levine Alan W ESQ 1110 Brickell Avenue 7th Floor Miami, FL 33131		7. Name and Address of New Registered Agent Name: CHS 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: 		DATE: 4/28/08	
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	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Reina, Nancy 1110 Brickell Avenue, Suite 402 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D REINA, GUILLERMO 1701 SW 2ND AVE MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Reina, Guillermo 1110 Brickell Avenue, Suite 402 Miami, FL 33131
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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 duly empowered.			
SIGNATURE: 		DATE: 2/29/08 - 305-3776766 ext 114	