

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 12, 2004 08:00 AM

Secretary of State

DOCUMENT # P98000104465

1. Entity Name
SBV TRADING, INC.



Principal Place of Business
3655 NE 32ND AVENUE
SUITE 117
FORT LAUDERDALE, FL 33308 US

Mailing Address
3655 NE 32ND AVE., SUITE 117
FT. LAUDERDALE, FL 33309 US

DO NOT WRITE IN THIS SPACE



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0883918

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VIGILIONE, SALVATORE B
3655 NE 32ND AVE., SUITE 117
FT. LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME VIGILIONE, SALVATORE B
STREET ADDRESS 3655 NE 32ND AVE., SUITE 117
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE D
NAME VIGILIONE, ANNE
STREET ADDRESS 3655 NE 32ND AVE., SUITE 117
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000109191
04/12/04-80033-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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

Salvatore B Vigilione
SALVATORE B VIGILIONE
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04 984-565-8370
Date Daytime Phone #