

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000000510

1. Entity Name
F.V. SERVICE, INC.



Principal Place of Business
**13817 SW 24 STREET
MIAMI, FL 33175**

Mailing Address
**13817 SW 24 STREET
MIAMI, FL 33175**



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0887226

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VAZQUEZ, FRANCISCO J
13817 SW 24 STREET
MIAMI, FL 33175**

**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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

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**

**U000000142515
04/30/04-80055-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	VAZQUEZ, FRANCISCO J
STREET ADDRESS	13817 SW 24 STREET
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	SD
NAME	VAZQUEZ, CARIDAD L
STREET ADDRESS	13817 SW 24 ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date

305 2299050
Daytime Phone #