FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/17/2004-90003-005-$150.00-$150.00

DOCUMENT # P99000079749

FILED

04 OCT -4 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24085497

1. Entity Name
FSV & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE 04

2. Principal Place of Business	3. Mailing Address
4300 S.W. 73rd Ave	4300 S.W. 73rd Ave
Suite, Apt. #, etc.: Suite #105	Suite, Apt. #, etc.: Suite #105
City & State: Miami, FL 33155	City & State: Miami, FL 33155
Zip: 33155 Country: USA	Zip: Country:

4. FEI Number: 65-0947777 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Fernando S. Valdes

Street Address (P.O. Box Number Is Not Acceptable): 4300 SW 73rd Ave Suite 105

City: Miami, FL Zip Code: 33155

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: REINSTATEMENT DATE

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fernando S. Valdes President 4300 SW 73rd Ave. Suite 105 Miami, FL 33155
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	200041569212 10/04/04--01029--023 **400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 9/13/2004 305-262-6684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B