


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90008 014 ***150.00

DOCUMENT # S50885 1. Entity Name W.V.S. ENTERPRISES, INC.	
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Principal Place of Business 5772 SW 24 ST MIAMI, FL 33155	Mailing Address 5772 SW 24 ST SUITE 401 MIAMI, FL 33155
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34008087



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2302401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DORTA, GONZALO R.
334 MINORCA AVE
CORAL GABLES, FL 33134

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, LEIDY E. 3640 SW 19TH STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, WALDO V. 3640 SW 19TH STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILVA, CHRISTOPHER A 3640 SW 19TH STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, 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:  **WALDO V. SILVA** 2/1/04 305-648-3230
Date Daytime Phone #