

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90003 050 ***150.00

DOCUMENT # S50885

1. Entity Name

W.V.S. ENTERPRISES, INC.



Principal Place of Business

11197 WELLSHIRE LN
FRISCO TX 75035
US

Mailing Address

11197 WELLSHIRE LN
FRISCO TX 75035



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

1st MOORE

CR2E034 (10/07)

4. FEI Number
59-2302401

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVA, WALDO V.
11197 WELLSHIRE LN
FRISCO, TEXAS FL 75035

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee Will Be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SILVA, LEIDY E.	
STREET ADDRESS	3305 S.W. 24 TERRACE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVA, WALDO V.	
STREET ADDRESS	11197 WELLSHIRE LN	
CITY-ST-ZIP	FRISCO TX 75035	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SILVA, CHRISTOPHER A	
STREET ADDRESS	1740 S.W. 64TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/08

Date

305-607-6571

Daytime Phone #

ATTACHMENT

40107517

1, 2006

Secretary of State
Division of Corporations
Annual Report Section
P.O. Box 68501
Tallahassee, FL 32314

Document # 550 885
FEI: 59-2302401

Re: **WVS ENTERPRISES, INC.**
11197 WELLSHIRE, LN
Frisco, TX. 75035-3637

Gentleman:

Enclosed please find copy of Uniform Business Report, and a check in the amount of \$ 150.00 I never received the form to file it.

Please abate any penalties since we never received the form.

Thanking you for your prompt attention in this matter.

Cordially,

WVS ENTERPRISES, INC.

Waldo V. Silva