2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Sep 09, 2005 08:00 AM Secretary of State DOCUMENT # S98352 1. Entity Name SVM ENTERPRISES, INC. Principal Place of Business Mailing Address 2360 RAINTREE LAKE CR. MERRITT ISLAND FL 32953 2360 RAINTREE LAKE CR. MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 2nd MOORE CR2E034 (5/05) City & State City & State 4. FEI Number Applied For 59-3100697 Not Applicable Z_{iD} Country Żίρ County \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEHTA, VIJAY Street Address (P.O. Box Number is Not Acceptable) 2360 RAINTREE LAKE CR. MERRITT ISLAND FL 32953 City 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 7, 2005 late fee. By checking this box, the corporation certifies it Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00, 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 DILE PSD Delete TITLE Addition ☐ Change NAME MEHTA, VIJAY NAMI U00000378073 2360 RAINTREE LAKE CR. CUREFT ADDRESS STREET ADDRESS 09/09/05-80005-005 150.00 MERRITT ISLAND FL CHY-ST-7IP LUTY-S1-ZIP titet Delete HILE ☐ Change Addition NAME MAME STREET ADDRESS JIPEET ADDRESS CITY - ST - ZIP CHY-ST-ZIP Hite Delete Hite Change ☐ Addition NAME MAM STREET ADDRESS STREET ADDRESS CITY-ST 7IP UTT-ST-ZIP HILE ☐ Delete ☐ Addition MILE Change NAME NAME STREET AUDRESS THEET ANDRESS CIEY - ST - ZIP CHT-St-7P OTLE Delete ☐ Change ettet☐ Addition NAME NAME SUBSEL ADDRESS STREET ADDRESS City-ST-7IP CHY-\$1-78 me ☐ Delete ☐ Change me ☐ Addition NAME MARIE STRÉET ADDRESS STPEEL ADDRESS CITY-S1-ZIP CITY-ST-ZIP 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 altachment with an address, with all other like empowered.

FILED

9/5/05 321-223-2253