

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # V32471

1. Entity Name
DBVH, INC.



Principal Place of Business: 918 E BUSCH BLVD
TAMPA, FL
Mailing Address: 1715 N WESTSHORE BLVD
950
TAMPA, FL 33607



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3114012 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VALIENTE, JOSE E
1715 N. WESTSHORE BLVD STE 950
TAMPA, FL 33607-3920

**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 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DELOTTO, J. C.
STREET ADDRESS	12101 WOOD DUCK PL
CITY-ST-ZIP	TEMPLE TERRACE, FL
TITLE	DV
NAME	BLANDEN, LYLE C.
STREET ADDRESS	15303 LAKE MAURINE DR
CITY-ST-ZIP	ODESSA, FL
TITLE	DT
NAME	VALIENTE, JOSE E.
STREET ADDRESS	6302 RUNNING RIVER PL
CITY-ST-ZIP	TEMPLE TERRACE, FL
TITLE	DS
NAME	HERNANDEZ, GILBERTO J.
STREET ADDRESS	3121 OAKLYN AVE
CITY-ST-ZIP	TAMPA, FL
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 exemptions contained in Chapter 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

Date

Daytime Phone #