

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 8:00 am
Secretary of State

09-05-2007 90005 001 ***550.00

DOCUMENT # V46218 1. Entity Name FYV, INC.			
Principal Place of Business 4599 127 AVENUE MIAMI, FL 33175 US		Mailing Address 4599 127 AVENUE MIAMI, FL 33175 US	
2. Principal Place of Business - No P.O. Box # 12520 SW 47 ST		3. Mailing Address 12520 SW 47 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33175		Zip 33175	
Country		Country	
4. FEI Number 65-0341710		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VERGARA, YOLANDA M 12045 SW 43 ST MIAMI, FL 33175		7. Name and Address of New Registered Agent Name: Yolanda Vergara Street Address (P.O. Box Number is Not Acceptable): 18395 SW 214 ST City: MIAMI FL Zip Code: 33193	
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: <u>Yolanda Vergara</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSV VERGARA, YOLANDA 12520 SW 47TH STREET MIAMI, FL 33175	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Yolanda Vergara</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	