

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V51124

Entity Name: G.V.K., INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

C/O GEOFFREY M. WAYNE, PA
1201 BRICKELL AVE., #220
MIAMI, FL 33131

New Principal Place of Business:

C/O GEOFFREY M. WAYNE, PA
2929 SW THIRD AVENUE STE 330
MIAMI, FL 331292710 US

Current Mailing Address:

C/O GEOFFREY M. WAYNE, PA
1201 BRICKELL AVE., #220
MIAMI, FL 33131

New Mailing Address:

C/O GEOFFREY M. WAYNE, PA
2929 SW THIRD AVENUE STE 330
MIAMI, FL 331292710 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAYNE, GEOFFREY M
1201 BRICKELL AVENUE
SUITE #220
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

WAYNE, GEOFFREY M
2929 SW THIRD AVENUE
SUITE #330
MIAMI, FL 33129 US

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.

SIGNATURE:

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KNOWLES, GIOVANNA
Address: 1925 BRICKELL AVENUE, #D-2108
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIOVANNA KNOWLES

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date