

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025946

FILED
Mar 09, 2007
Secretary of State

Entity Name: MVEST, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 14-4214639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLA., INC.
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOLANO MANAGEMENT CO, RP.
Address: H.G. HODGE PLAZA 2ND FLOOR
City-St-Zip: ROADTOWN TORTOLA, BVI,

Title: MGRM () Delete
Name: MEJIAS, WILLIAM A
Address: P.O. BOX 573
City-St-Zip: HALLANDALE, FL 33008

Title: MGRM () Delete
Name: CASTRILLON, NYDIA P
Address: P.O. BOX 573
City-St-Zip: HALLANDALE, FL 33008

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM A. MEJIAS

MGRM

03/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date