


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90488 049 \*\*\*150.00

**DOCUMENT # P02000077775**

1. Entity Name  
**M.V.P. INDUSTRIES CORP.**



Principal Place of Business      Mailing Address  
**460 NORTH ROYAL POINCIANA BLVD., #D-1**      **460 NORTH ROYAL POINCIANA BLVD., #D-1**  
**MIAMI, FL 33166**      **MIAMI, FL 33166**

**66423717**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

05172004      Chg-P      CR2E034 (10/03)

4. FEI Number **74-3052780**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MEJIA, CARMEN**  
**5755 W FLAGLER ST STE #108**  
**MIAMI, FL 33144**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD <input type="checkbox"/> Delete
NAME	MEJIA, CARMEN
STREET ADDRESS	5755 WEST FLAGLER ST STE #108
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 attachment with an address, with all other like empowered.

SIGNATURE: Carmen Mejia      President      5/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Daytime) Phone #