
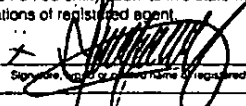
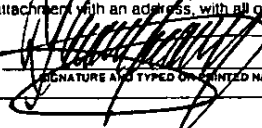


2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**
Jun 07, 2005 8:00 am
Secretary of State

04-28-2005 90199 006 ***150.00

DOCUMENT # P02000077775			
1. Entity Name M.V.P. INDUSTRIES CORP.			
Principal Place of Business 460 NORTH ROYAL POINCIANA BLVD., #D-1 MIAMI, FL 33166		Mailing Address PO BOX 661184 MIAMI, FL 33266	
2. Principal Place of Business 450 N. ROYAL POINCIANA BLVD		3. Mailing Address	
Suite, Apt. #, etc. G-5		Suite, Apt. #, etc.	
City & State MIAMI SPRING FL		City & State	
Zip 33166		Country US	
4. FEI Number 74-3052780		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 MEJIA, CARMEN 5755 W FLAGLER ST STE #108 MIAMI, FL 33144		7. Name and Address of New Registered Agent Name MEJIA, CARMEN Street Address (P.O. Box Number is Not Acceptable) 450 N. ROYAL POINCIANA BLVD #G-5 City MIAMI SPRING FL Zip Code 33166	
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 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PD MEJIA, CARMEN 5755 WEST FLAGLER ST STE #108 MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEJIA, CARMEN 450 N. ROYAL POINCIANA BLVD #G-5 MIAMI SPRING FL 33166 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 		Date _____ Daytime Phone # _____	

66021978



04252005 __ Chg-P __ CR2E034 (10/03)