

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000044061

**Entity Name:** MSV ENTERPRISE, INC.

**Current Principal Place of Business:**

5099 STARBLAZE DR.  
GREENACRES, FL 33463

**Current Mailing Address:**

5099 STARBLAZE DR.  
GREENACRES, FL 33463

**FEI Number:** 47-4077827

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VITALE, MARIA C  
5099 STARBLAZE DR.  
GREENACRES, FL 33463 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DCEO  
Name VITALE, JOHN E  
Address 5099 STARBLAZE DR.  
City-State-Zip: GREENACRES FL 33463

Title P  
Name VITALE, JOHN E  
Address 5099 STARBLAZE DR.  
City-State-Zip: GREENACRES FL 33463

Title DVP  
Name VITALE, MARIA C  
Address 5099 STARBLAZE DR.  
City-State-Zip: GREENACRES FL 33463

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN E. VITALE

**PRESIDENT**

**04/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date