
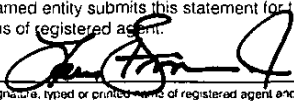



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90035 030 ***150.00

DOCUMENT # 449007 1. Entity Name M.V.P. INVESTMENT CORPORATION					
Principal Place of Business 445 GREEN BAY DR #801 KEY BISCAVNE, FL 33149			Mailing Address 1001 BRICKELL BAY DR. SUITE 1400 MIAMI, FL 33131		
2. Principal Place of Business 445 Grand Bay Drive		3. Mailing Address Suite, Apt. #, etc. 801			
Suite, Apt. #, etc. 801		Suite, Apt. #, etc. 801			
City & State Key Biscayne, FL		City & State Key Biscayne, FL			
Zip 33149		Country USA		Zip 33149	
Country USA		Zip 33149		Country USA	
6. Name and Address of Current Registered Agent STINSON, LOUIS 2199 PONCE DE LEON BLVD STE 301 MIAMI, FL 33134			7. Name and Address of New Registered Agent Name Stewart Agent Services Street Address (P.O. Box Number is Not Acceptable) 2199 Ponce de Leon Boulevard Suite 301 City Coral Gables FL 33134		
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:  Louis Stinson, Jr. 03/07/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		DATE:	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STINSON, LOUIS 2199 PONCE DE LEON STE 301 MIAMI, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Stinson, Louis, Jr. 2199 Ponce de Leon Blvd. #301 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SKINNER, TRUMAN A 2199 PONCE DE LEON BLVD STE 301 MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S Jordan, Kathryn 2199 Ponce de Leon Boulevard, #301 Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peeples, Jack 2199 Ponce de Leon Boulevard #301 Coral Gables, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<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: 			Louis Stinson, Jr., 03/07/2005 305-444-8807 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		

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03072005 Chg-P CR2E034 (10/03)

4. FEI Number **59-1596071** Applied For ☐ Not Applicable ☒

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