


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 BISCAZYNE, FL 33149**

Mailing Address
**1001 BRICKELL BAY DR.
 SUITE 1400
 MIAMI, FL 33131**

50026570



2. Principal Place of Business
445 Grand Bay Drive

3. Mailing Address
 Suite, Apt. #, etc.
801

City & State
Key Biscayne, FL

City & State
 City & State

Zip
33149

Country
USA

03072005 Chg-P CR2E034 (10/03)

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

State
FL

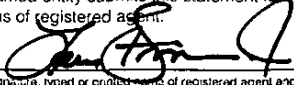
Zip
33134

4. FEI Number
59-1596071

Applied For
 Not Applicable

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

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.** DATE: **03/07/2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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	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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	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	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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.** DATE: **03/07/2005** 305-444-8807

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