

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2007 8:00 am**  
**Secretary of State**

08-02-2007 90013 026 \*\*\*150.00

**DOCUMENT # 449007**

1. Entity Name  
**M.V.P. INVESTMENT CORPORATION**



Principal Place of Business  
**445 GREEN BAY DR  
801  
KEY BISCAYNE, FL 33149**

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

40127313



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**59-1596071**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART AGENT SERVICES  
2199 PONCE DE LEON BLVD  
STE 301  
MIAMI, FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME STINSON, LOUIS JR  
STREET ADDRESS 2199 PONCE DE LEON STE 301  
CITY - ST - ZIP MIAMI, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE VPS ☐ Delete  
NAME JORDAN, KATHRYN  
STREET ADDRESS 2199 PONCE DE LEON BLVD STE 301  
CITY - ST - ZIP MIAMI, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D ☐ Delete  
NAME PEEPLES, JACK  
STREET ADDRESS 2199 PONCE DE LEON BOULEVARD, # 301  
CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-07

Date

385-446-8809

Daytime Phone #