

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 449007**

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



Principal Place of Business

**445 GREEN BAY DR  
801  
KEY BISCAINE, FL 33149**

Mailing Address

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



05072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1596071**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

TITLE	PD
NAME	STINSON, LOUIS JR
STREET ADDRESS	2199 PONCE DE LEON STE 301
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	VPS
NAME	JORDAN, KATHRYN
STREET ADDRESS	2199 PONCE DE LEON BLVD STE 301
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	D
NAME	PEEPLES, JACK
STREET ADDRESS	2199 PONCE DE LEON BOULEVARD, # 301
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/04/08-80041-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/19/08*  
Date

*305-444-8807*  
Daytime Phone #