

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 449007

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: M.V.P. INVESTMENT CORPORATION

**Current Principal Place of Business:**

445 GREEN BAY DR  
801  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

445 GRAND BAY DR  
801  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

1001 BRICKELL BAY DR.  
SUITE 1400  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 59-1596071      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STINSON, LOUIS JR  
Address: 2199 PONCE DE LEON STE 301  
City-St-Zip: MIAMI, FL 33134

Title: VPS ( ) Delete  
Name: JORDAN, KATHRYN  
Address: 2199 PONCE DE LEON BLVD STE 301  
City-St-Zip: MIAMI, FL 33134

Title: D ( ) Delete  
Name: PEEPLES, JACK  
Address: 2199 PONCE DE LEON BOULEVARD, # 301  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOUIS STINSON, JR.

PD

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date