

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90026 035 ***150.00

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1. Entity Name

MURFREESBORO VENTURE HOLDINGS CORP.



Principal Place of Business

2375 S.W. 58TH AVE.
HOLLYWOOD FL 33023
US

Mailing Address

C/O SUSAN CSUZDI
107 HARVARD RD.
HOLLYWOOD FL 33023



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

8511 NW 15th Court

Suite, Apt. #, etc.

Pembroke Pines

City & State

Florida

Zip
33024

Country

Broward

3. Mailing Address

c/o Susan Csuzdi

Suite, Apt. #, etc.

8511 NW 15th Court

City & State

Pembroke Pines, FL

Zip
33024

Country

Broward

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0008305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CSUZDI, SUSAN
107 HARVARD RD.
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name CSuzdi, Susan

Street Address (P.O. Box Number is Not Acceptable)
8511 NW 15th Court

City Pembroke Pines

FL

Zip Code
33024

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

Susan Csuzdi

(Signature, typed or printed name of registered agent and fee if applicable.)

(NOTE: Registered Agent signature required when reappointing.)

3/6/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME CSUZDI, SUSAN ☐ Delete
STREET ADDRESS 107 HARVARD RD. 8511 NW 15th Court
CITY-ST-ZIP HOLLYWOOD FL 33023 Pembroke Pines, FL

TITLE
NAME CSUZDI, DAVID ☐ Delete
STREET ADDRESS 107 HARVARD RD. 8511 NW 15th Court
CITY-ST-ZIP HOLLYWOOD FL 33023 Pembroke Pines, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

Susan Csuzdi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/08 954 437 6972