7/15/

FILED
Jul 29, 2004 8:00 am
Secretary of State
07-15-2004 90049 007 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03000001705

1. Entity Name

M & V INVESTMENT, LLC

DO NOT WRITE IN THIS SPACE

34009594

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20311 SW 124 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State
Zip: 33177 Country	Zip Country

4. FEI Number 43-1992775 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ANTONIO MOLINA

Street Address (P.O. Box Number is Not Acceptable)

20311 SW 124 AVE

City MIAMI, FLORIDA FL Zip Code 33177

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 _____ 07/12/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / STREET ADDRESS / CITY-ST-ZIP	ANTONIO MOLINA (MANAGER.) 20311 SW 124 AVE MIAMI, FL 33177 (LEAVE)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JESUS SALVADOR VERDE (MANAGER.) 20311 SW 124 AVE MIAMI, FL 33177 (ADD)
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 07-26-04 786-293-5216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #