03-02-2007 15:06

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L81723

1. Entity Name
M. V. TONY, INC.

Principal Place of Business	Mailing Address
10825 SW 112 AVE. 304 MIAMI, FL 33176	10825 SW 112 AVE. 304 MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

03022007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0206065
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESTRADA, ORESTES
10825 SW 112 AVE #304
MIAMI, FL 33176

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

FILE NOW!!! YEA @ $150.00
After May 1, 2007 Fee will be $500.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ESTRADA, ORESTES
STREET ADDRESS	10825 SW 112 AVE. #304
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VP
NAME	ESTRADA, DALIA
STREET ADDRESS	10825 SW 112 AVE. #304
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/07-80101-009 158.75

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: Dalia Estrada DALIA ESTRADA 4-17-07 305 226-4765
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone #