

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90016 024 ***150.00

DOCUMENT # M46989

1. Entity Name

N V M ENTERPRISES INC.



Principal Place of Business

**10599 N.W. 52ND TERRACE
MIAMI FL 33178**

Mailing Address

**10599 N.W. 52ND TERRACE
MIAMI FL 33178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2778799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUNOZ, NOBEL VEGA
10599 N.W. 52ND TERRACE
MIAMI FL 33178**

Name

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

City

FL

Zip Code

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MUNOZ, NOBEL VEGA
STREET ADDRESS 10599 N.W. 52ND TERRACE
CITY-ST-ZIP MIAMI FL 33178

TITLE TD ☐ Delete
NAME VEGA, NADINE
STREET ADDRESS 10599 N.W. 52ND TERRACE
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/04

Attachments 14026127
#114689

ALVAREZ & FERNANDEZ, P.A.
Certified Public Accountants
650 N. W. 43rd Avenue
MIAMI, FLORIDA 33126

EMILIO B. ALVAREZ, CPA
ENRIQUE F. FERNANDEZ, CPA

PHONE: (305) 448-7500
FAX: (305) 448-7700
E-MAIL: emilioalvarezcpa@comcast.net

MEMBERS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

July 15, 2004

Gentlemen

This company never received the card in which the State notified the new system to pay the license for the corporation.

We kindly request to waive the penalty, and accept the 150.00 attached.

Thank you in advance.

Sincerely


E.B. Alvarez