

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90240 009 \*\*\*\*61.25

**DOCUMENT # N99000005569**

1. Entity Name

**THE MUSCOVY PROTECTION GROUP OF KINGS CREEK, INC.**



Principal Place of Business

7727 SW 86TH ST  
#A1-211  
MIAMI FL 33143

Mailing Address

7727 SW 86TH ST  
A1-211  
MIAMI FL 33143



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

**7727 SW 86TH ST.**

3. Mailing Address

**7727 SW 86TH ST.**

Suite, Apt. #, etc.

**#A1-211**

Suite, Apt. #, etc.

**#A1-211**

City & State

**MIAMI - FLORIDA**

City & State

**MIAMI - FLORIDA**

Zip

**33143**

Country

**U.S.A.**

Zip

**33143**

Country

**U.S.A.**

1st MOORE

CR2E037 (10/07)

4. FEI Number

**65-0959392**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MUVDI, VICTOR A  
7727 S.W. 86TH STREET.APT A1-211  
A1-211  
MIAMI FL 33143**

7. Name and Address of New Registered Agent

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 \$61.25**

**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to:  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MUVDI, VICTOR A  
STREET ADDRESS 7727 S.W. 86TH STREET.APT A1-211  
CITY-ST-ZIP MIAMI FL 33143

TITLE VD ☒ Delete  
NAME MARTINEZ, GUILLERMO  
STREET ADDRESS 7787 SW 86TH ST., APT. E-210  
CITY-ST-ZIP MIAMI FL 33143

TITLE VD ☒ Delete  
NAME BOURGEOIS, CHARLES  
STREET ADDRESS 7787 SW 86TH ST., APT. E-211  
CITY-ST-ZIP MIAMI FL 33143

TITLE TD ☐ Delete  
NAME MUVDI, MANUELA  
STREET ADDRESS 7727 S.W. 86TH STREET.APT A1-211  
CITY-ST-ZIP MIAMI FL 33143

TITLE SD ☒ Delete  
NAME MARTINEZ, BEATRIZ  
STREET ADDRESS 7787 SW 86TH ST., APT. E-210  
CITY-ST-ZIP MIAMI FL 33143

TITLE VD ☐ Delete  
NAME FAJARDO JR., ALBERTO  
STREET ADDRESS 10341 SW 51TH ST.,  
CITY-ST-ZIP MIAMI FL 33165

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD ☒ Change ☐ Addition  
NAME GUILLERMO ITURRIZAGA  
STREET ADDRESS 7777 SW 86TH ST. APT. FI-314  
CITY-ST-ZIP MIAMI FL 33143

TITLE D ☒ Change ☐ Addition  
NAME ELVIA MARINA DE BUJATO  
STREET ADDRESS 7727 SW 86TH ST. APT. A1-201  
CITY-ST-ZIP MIAMI - FL 33143

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

TITLE SD ☒ Change ☐ Addition  
NAME TANCY ITURRIZAGA  
STREET ADDRESS 7777 SW 86TH ST. APT. FI-314  
CITY-ST-ZIP MIAMI FL 33143

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 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 617, 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:

*Victor A. Muvidi*

VICTOR A. MUVDI - 04-17-08. 305-273-5206