

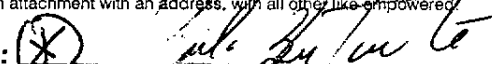


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000045431</b>		
1. Entity Name <b>MZV ENTERPRISES INC</b>		
Principal Place of Business <b>6100 SW 15TH ST. POMPANO BCH, FL 33068</b>		Mailing Address <b>6100 SW 15TH ST. POMPANO BCH, FL 33068</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
05112006 No Chg-P CR2E034 (11/05)		
4. FEI Number <b>65-1008123</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>BUSTAMANTE, ZOILA 6100 SW 15TH ST. POMPANO BCH, FL 33068</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	BUSTAMANTE, MARIO	
STREET ADDRESS	6100 SW 15TH ST.	
CITY-ST-ZIP	POMPANO BCH, FL 33068	
TITLE	D	
NAME	BUSTAMANTE, ZOILA	
STREET ADDRESS	6100 SW 15TH ST.	
CITY-ST-ZIP	POMPANO BCH, FL 33068	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date _____ Daytime Phone # _____		