2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P00000045431

1. Entity Name
MZV ENTERPRISES INC

Principal Place of Business	Mailing Address
6100 SW 15TH ST. POMPANO BCH, FL 33068	6100 SW 15TH ST. POMPANO BCH, FL 33068

05022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1008123
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUSTAMANTE, ZOILA
6100 SW 15TH ST.
POMPANO BCH, FL 33068

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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)

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

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	V
NAME	BUSTAMANTE JR., MARIO
STREET ADDRESS	6100 SW 15 ST
CITY-ST-ZIP	POMPANO BEACH, FL 33068
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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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: Zoila Bustamante 4/25/07 954-224-4299
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #