
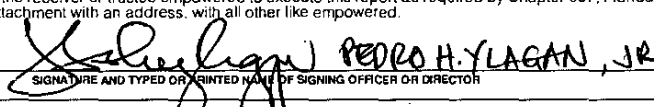


FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90002 043 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000086383			
1. Entity Name MVP TRADING CORP.			
Principal Place of Business 8502 N. ARMENIA AVE. SUITE 2B TAMPA, FL 33604		Mailing Address 1221 TREESDALE COURT WESLEY CHAPEL, FL 33543	
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 59-3672626	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
YLAGAN, CECILIA L 1221 TREESDALE COURT WESLEY CHAPEL, FL 33543			
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YLAGAN, PEDRO H JR	NAME	
STREET ADDRESS	1221 TREESDALE COURT	STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YLAGAN, CECILIA L JR.	NAME	
STREET ADDRESS	1221 TREESDALE COURT	STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INFANTE, DANIEL S III	NAME	INFANTE, DANIEL S III
STREET ADDRESS	636 BOXCOVE PLACE	STREET ADDRESS	3782 BIDWELL DR
CITY-ST-ZIP	DIAMOND BAR, CA 91765	CITY-ST-ZIP	YORBA LINDA, CA. 92886
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INFANTE, PAULETTE T	NAME	INFANTE, PAULETTE T
STREET ADDRESS	636 BOXCOVE PLACE	STREET ADDRESS	3782 BIDWELL DR
CITY-ST-ZIP	DIAMOND BAR, CA 91765	CITY-ST-ZIP	YORBA LINDA, CA. 92886
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		1/7/04 813-936-2339	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	