2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2006 8:00 am Secretary of State

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DOCU 1. Entity Nam M.T.B.V.,		175		03-28-2006 90113 021 ***150.00
Principal Plac	e of Business	Mailing Address		4000000
2911 N MILI	TARY TRAIL	1808 PARK AVENUE		
E West Palm	BEACH, FL 33409	WESTON, FL 33326		
		10.10		
Z. FINICIPALE	Place of Business	3. Mailing Address 2911 N. Milit	tary Tr	E - 1 1904/1004 IX OOJIN KUN OOXIN OOXIN OOXIN OOKIN OOKIN OOKIN INDIN KUUN INDIN KUUN INDIN INDIN INDIN INDIN
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		O3202006 Chg-P CR2E034 (11/05)
City & Stat	е	City & State West Palm Bcl	h., Fl	4. FEI Number Applied For 01-0679484 Not Applied by Applied For Not Applicable
Zip	Country	Zip	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current		JOA	7. Name and Address of New Registered Agent
			- ::	11 Hanna and Manages of Hom Registered Affects
2911 N MI	, BARAKAT LITARY TRAIL		_Cor	Celles, Frances M. Address (P.O. Box Number is Not Acceptable)
WESTPA	LM BEACH, FL 33409		2911	N Military Trail #E
			City	Palm Bch. FL 33409
8 The above	named entity submits this statement to	r the purpose of changing its re-	West	t Palm Bch. FL 33409 or registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	ions of registered agent.	A a	gistered office o	in registered agent, or both, in the state of Florida. If aim familiar with, and accept
2,2,4,7,0	X Alaman Car.	. 00,		3-24/16
SIGNATURE	C APPROTURE OF THE			
	Signature, typed or printed name of registered agent	and this if applicable. (NOTE: Re	egistered Agent signa	ture required when reinstating) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign	Financing	\$5.00 May Be
	E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contribu	Financing	\$5.00 May Be
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122. 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:

Hounes Loudes

T SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-1-04p

Daytime Phone #