
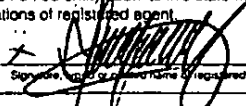
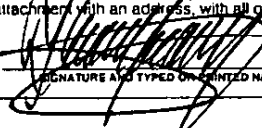


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

4/ **FILED**  
**Jun 07, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90199 006 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         |                                                                                                                                                                                                       |                                                                                                                                                    |
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| DOCUMENT # P02000077775                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |                                                                                                                      |                                                                                                                                                    |
| 1. Entity Name<br>M.V.P. INDUSTRIES CORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |                                                                                                                                                                                                       |                                                                                                                                                    |
| Principal Place of Business<br>460 NORTH ROYAL POINCIANA BLVD., #D-1<br>MIAMI, FL 33166                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         | Mailing Address<br>PO BOX 661184<br>MIAMI, FL 33266                                                                                                                                                   |                                                                                                                                                    |
| 2. Principal Place of Business<br>450 N. ROYAL POINCIANA BLVD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         | 3. Mailing Address                                                                                                                                                                                    |                                                                                                                                                    |
| Suite, Apt. #, etc.<br>G-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         | Suite, Apt. #, etc.                                                                                                                                                                                   |                                                                                                                                                    |
| City & State<br>MIAMI SPRING FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         | City & State                                                                                                                                                                                          |                                                                                                                                                    |
| Zip<br>33166                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         | Country<br>US                                                                                                                                                                                         |                                                                                                                                                    |
| 4. FEI Number<br>74-3052780                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                |                                                                                                                                                    |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         | \$8.75 Additional Fee Required                                                                                                                                                                        |                                                                                                                                                    |
| 6. Name and Address of Current Registered Agent<br>MEJIA, CARMEN<br>5755 W FLAGLER ST STE #108<br>MIAMI, FL 33144                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>MEJIA, CARMEN<br>Street Address (P.O. Box Number is Not Acceptable)<br>450 N. ROYAL POINCIANA BLVD #G-5<br>City MIAMI SPRING FL Zip Code 33166 |                                                                                                                                                    |
| 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                                                                                                                                                                                                  |                                                                                                                                                    |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PD<br>MEJIA, CARMEN<br>5755 WEST FLAGLER ST STE #108<br>MIAMI, FL 33144 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                        | PD<br>MEJIA, CARMEN<br>450 N. ROYAL POINCIANA BLVD #G-5<br>MIAMI SPRING FL 33166 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1,19.07(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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         | Date _____ Daytime Phone # _____                                                                                                                                                                      |                                                                                                                                                    |

66021978



04252005 \_\_ Chg-P \_\_ CR2E034 (10/03)