


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90043 041 \*\*\*150.00

<b>DOCUMENT # P02000079373</b>					
<b>1. Entity Name</b> MVM OF AMERICA, CORP.					
<b>Principal Place of Business</b> EXPORT FT. LAUDERDALE, FL 33326			<b>Mailing Address</b> <del>P.O. BOX 266906</del> 16674 Hemingway #220 FT. LAUDERDALE, FL 33326		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 16674 HEMINGWAY #220			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 220			
City & State		City & State Fort Lauderdale FL			
Zip	Country	Zip 33326	Country	02182004    Chg-P    CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> ROGUG, UAGALLY B <i>MAGALLY B. ROQUE</i> 16674 HEMINGWAY DR., LOT 220 FT. LAUDERDALE, FL 33328				<b>7. Name and Address of New Registered Agent</b> Name: <i>MAGALLY B. ROQUE</i> Street Address (P.O. Box Number is Not Acceptable): 16674 Hemingway Dr. Lot 220 City: <i>Fort Lauderdale</i> FL    Zip Code: <i>33326</i>	
<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.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)    DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALBAN, VICTOR H 16674 HEMINGWAY DR., LOT 220 FT. LAUDERDALE, FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREZ, NELLY M 16674 HEMINGWAY DR., LOT 220 FT. LAUDERDALE, FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b> _____ <i>03/10/2004</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR TRUSTEE _____					