2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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6/15/2005-90095-012-\$150.00-\$150.00 **DOCUMENT # P02000089896** 1. Entity Name FILED MVP OF AMERICA CORP. 05 AUG -4 AM 10: 27 Principal Place of Business Mailing Address 300 SOUTH POINTE DRIVE P.O. BOX 310584 MIAMI FL 33231 INDICE STATE MIAMI BEACH FL 33139 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 06-1645147 Not Applicable Zip Country Ziρ Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEATRIZ KREITZ Street Address (P.O. Box Number is Not Acceptable) 300 SOUTH POINTE DRIVE SUITE 902 MIAMI BEACH FL 33139 City 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 ______Squature, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DIFLE Delete TITLE Addition ☐ Change KREITZ, BEATRIZ NAME NAME STREET ADDRESS PO BOX 33111 STREET ADDRESS CHY-ST-ZIP MIAMI FL 33111 CITY-ST-2IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-27P ☐ Defeta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C11Y-S1-7IP CITY-ST-ZP Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP DILE Delete DTLE ☐ Addition NALÆ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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-effect high principles. SIGNATURE: __ SIGNATURE AND TYPED OR PR OR DIRECTOR





Beatriz Kreitz President P.O. Box 310584 Miami, Florida 33231

Phone: 305-992-7686 Fax: 305-675-6364

July 10, 2005

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 Tallahassee, Florida 32314

Att: Michelle Milligan

Dear Mrs. Milligan:

Due to unexpected situations that inconvenienced me during the beginning of this year 2005, I was unable to receive on time the form to file my company annual report; after requesting same, I received until June, 2005. I then sent the form under document # P0200008986 together with my payment of \$150. Latter, I received another communication letter stating that I owe \$400 late penalty.

I hereby ask you to kindly accept my initial payment of \$150 for the filing of my company annual report and waive this additional penalty due to the reasons stated above.

Thank you again for your cooperation.

Sincerely yours,

Beatriz Kreitz

President

MVP of America Corp.