

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000095335

1. Entity Name
MVJ, INC.



Principal Place of Business
12073 W. OKEECHOBEE ROAD
HIALEAH GARDENS, FL 33016

Mailing Address
12073 W. OKEECHOBEE ROAD
HIALEAH GARDENS, FL 33016

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07112008 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0642298

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAW OFFICES OF DELAILA J. ESTEFANO, P.A.
11050 SW 88TH STREET
SUITE 108
MIAMI, FLORIDA, FL 33176

**DO NOT WRITE
IN THIS SPACE**

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: Nelly P. Ardila
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/12/08

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------|
| TITLE | PD |
| NAME | ARDILA, NELLY P |
| STREET ADDRESS | 3660 SW 195 AVE. |
| CITY-ST-ZIP | MIRAMAR, FL 33029 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000954695
07/14/08-80012-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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: Nelly P. Ardila
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/08
Date

Daytime Phone #