


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90011 017 ***150.00

DOCUMENT # P03000041192 1. Entity Name MVF ENTERPRISES, INC.			
Principal Place of Business 20802 NORTHWEST 2ND STREET PEMBROKE PINES, FL 33029		Mailing Address 20802 NORTHWEST 2ND STREET PEMBROKE PINES, FL 33029	
2. Principal Place of Business 715 N.W. 165th Ave		3. Mailing Address 715 N.W. 165th Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Pembroke Pines FL		City & State Pembroke Pines FL	
Zip 33028		Zip 33028	
Country USA		Country USA	
4. FEI Number 03-0514317		Applied For <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 ABAY, JORGE 20802 NORTHWEST 2ND STREET PEMBROKE PINES, FL 33029		7. Name and Address of New Registered Agent Name Frank Abay Street Address (P.O. Box Number is Not Acceptable) 715 N.W. 165th Ave City Pembroke Pines FL Zip Code 33028	
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 Frank Abay <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 2/19/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ABAY, FRANK 20802 NORTHWEST 2ND STREET PEMBROKE PINES, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Frank Abay 715 N.W. 165th Ave Pembroke Pines FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABAY, LIBRADA 20802 NORTHWEST 2ND STREET PEMBROKE PINES, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABAY, VIRGINIA 715 N.W. 165th Ave Pembroke Pines FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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.			
SIGNATURE: Frank Abay <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2-19-04 Daytime Phone # 7865863868	