2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2005 8:00 am Secretary of State

DOCUMENT # P03000041192 1. Entity Name MVF ENTERPRISES, INC.				i	05 90071 032 ***150.00	
Principal Place of Business 715 NW 168TH AVE. PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 37028 Mailing Address 715 NW 168TH AVE. PEMBROKE PINES, FL			В		50021069	
715 NW 165 Ave.		3. Mailing Address 7/5 //W /65 Ave. Suite, Apt. #, etc.		01112005 Chg-P	CR2E034 (10/03)	
City & State	Polle Pines FL	City & State broke Hi	es FL	4. FEI Number 03-0514317	Applied For Not Applicable	
3300			U.S.A.	5. Certificate of Status Desired	\$9.75 Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New	Registered Agent	
ABAY, FRA 715 NW 16 HOLLYWO		•	Name FRANK HOAV Street Address (P.O. Box Number is Not Acceptable) 7/5 // / / / / / / / / / / / / / / / / /			
/) ,			City Pom	City Pambeoka Pines FL Zip Cod 3028		
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 Signature, typed or printed name of registered agent and title if applicable. (NYTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Cambaign Financing \$5.00 May Be Added to Fees						
10.	OFFICERS AND	DIRECTORS 1	1	ADDITIONS/CHANGES TO C	FFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD ABAY, FRANK 715 NW 168TH AVE. PEMBROKE PINES, FL 33028	N. St	ILE AME IREET ADDRESS TY-ST-ZIP	AY, FRANK 5 NW 145 AVE EM SAONE PINES	Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABAY, LIBRADA 715 NW 168TH AVE. PEMBROKE PINES, FL 33028	N.	TILE AME TREET ADDRESS TY-ST-ZIP	nerson	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N. S.	TLE V/AME AME IREET ADDRESS 7/A ITY-ST-ZIP	SAY VIRSINA 5 NW 165 AUC Junbacke Pines	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N.	TLE AME IREET ADDRESS ITY-ST-ZIP	,	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N. S	TLE AME Ireet address Ity-St-Zip		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP)	N S C	TLE AME Ireet address Ity-St-Zip		□ Change □ 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 fustee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR