

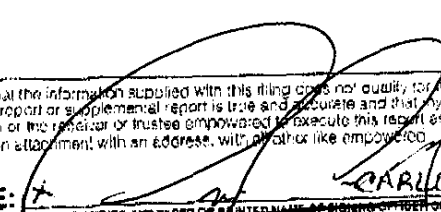
FROM : AGI ACCOUNTING INC.

FAX NO. : 9549650607

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91059 033 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000044605			
1. Entity Name MV COMMUNICATIONS, INC.			
Principal Place of Business 12300 N.W. 10TH LN. MIAMI, FL 33182		Mailing Address 12300 N.W. 10TH LN. MIAMI, FL 33182	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FE Number -20-0006479		Applying For ☐ Not Applicable	
5. Certificate of Status Desired ☐		CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GONZALEZ, CARLOS 12300 NW 10TH LN MIAMI, FL 33182		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature typed or printed name of registered agent not applicable. (NOTE: Registered Agent signature required when resigning.)			
FILE NOW!!! FEB IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 registered agent 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 as changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		CARLOS GONZALEZ 4-29-04 786-246-5678	
SIGNATURE AND TYPED OR PRINTED NAME OF AGENT OR TRUSTEEMPOWEROED		Date Date of Filing	

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