FROM :AGI ACCOUNTING INC.   FAX NO. :9549650607

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Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90151 005 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000044605

1. Entity Name
MV COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
12300 N.W 10TH LN. MIAMI, FL 33182	12300 N.W 10TH LN. MIAMI, FL 33182

04202005   Chg-P   CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc. 7225 NW 25 st., Suite 113		7225 NW 25 St. Suite, Apt #, etc. Suite 113	
City & State Miami, FL 33122		City & State Miami FL	
Zip 33122	Country	Zip 33122	Country

4. FEI Number 20-0006479 ☐ Applied For ☐ Not Applicable

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

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 Carlos Gonzalez
Street Address (P.O. Box Number is Not Acceptable) 7225 NW 25 st. Suite 113
City Miami FL Zip Code 33122

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] Carlos Gonzalez 4/21/05
Signature, typed or printed name of registered agent and title if applicable   NOTE: Registered Agent signature required when reinstating   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, CARLOS 12300 NW 10 LANE MIAMI, FL 33182	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CF President Carlos Gonzalez 7225 NW 25 st., Suite 113 Miami, FL 33122	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-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 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: [signature] CARLOS GONZALEZ   4-21-05   786-246-5678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #