

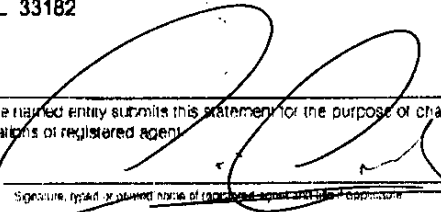
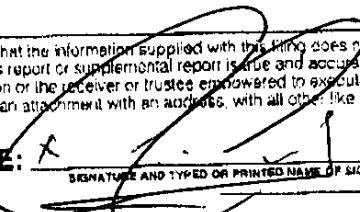
FROM : AGI ACCOUNTING INC.

FAX NO. : 9549650607

FILED
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 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 7225 NW 25 St.	
Suite, Apt. #, etc. 7225 NW 25 St., Suite 113		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:  CARLOS GONZALEZ 4/21/05 Signature, typed or printed name of registered agent and date of preparation (NOTE: Registered Agent Signature requires a sworn statement)			
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
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:  CARLOS GONZALEZ 4-21-05 786-246-5678		Use: Daytime Phone: 8	