


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90219 041 \*\*\*150.00

<b>DOCUMENT # P03000069577</b>	
1. Entity Name 2001 MVD, INC.	

Principal Place of Business <del>100 SE SECOND ST STE 3350</del> <del>MIAMI, FL 33131-2151</del>	Mailing Address 100 SE SECOND ST STE 3350 MIAMI, FL 33131-2151
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2. Principal Place of Business 6805 OVERSEAS HWY.	3. Mailing Address P.O. Box 501267
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MARATHON FL	City & State MARATHON FL
Zip 33050	Country
Zip 33050	Country

04072004 Chg-P CR2E034 (10/03)

4. FEI Number  
57-1175419

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

6. Name and Address of Current Registered Agent HUTCHINS, WILHELMINA 100 SE SECOND ST STE 3350 MIAMI, FL 33131-2151	
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7. Name and Address of New Registered Agent	
Name ALLISON, JOHN R III	
Street Address (P.O. Box Number is Not Acceptable) 6803 OVERSEAS HIGHWAY	
City MARATHON	FL Zip Code 33050

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 (JOHN R. ALLISON, III) 4-19-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINS, WILHELMINA 100 SE SECOND ST STE 3350 MIAMI, FL 33131-2151 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P SINGH, PRITAM 6805 OVERSEAS HIGHWAY MARATHON, FL 33050 <input checked="" 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	VP REYNOLDS, TYLER 6805 OVERSEAS HIGHWAY MARATHON, FL 33050 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAGEL, NANCY 6805 OVERSEAS HIGHWAY MARATHON, FL 33050 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T ROBERTS, JENNIFER 6805 OVERSEAS HIGHWAY MARATHON, FL 33050 <input type="checkbox"/> Change <input checked="" 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: Jennifer Roberts Jennifer Roberts 4-19-04 305-296-5601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #