
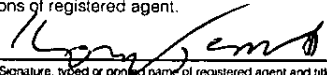
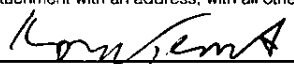


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90265 043 ***150.00

DOCUMENT # P03000082896 1. Entity Name MVC AMERICAS INC.			
Principal Place of Business C/O MICHAEL ORTIZ 2121 PONCE DE LEON BLVD. #330 CORAL GABLES, FL 33134		Mailing Address C/O MICHAEL ORTIZ 2121 PONCE DE LEON BLVD. #330 CORAL GABLES, FL 33134	
2. Principal Place of Business 10500 SW 128 TER		3. Mailing Address 10500 SW 128 TER	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33176		Zip 33176	
Country USA		Country USA	
4. FEI Number 16-1678766		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTIZ, MICHAEL 2121 PONCE DE LEON BOULEVARD SUITE 330 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name HORST EYLERTS Street Address (P.O. Box Number is Not Acceptable) 10500 SW 128 TER City MIAMI FL Zip Code 33176	
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  HORST EYLERTS, PRESIDENT APR. 25, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete NAME EYLERTS, HORST STREET ADDRESS 10500 SW 128TH STREET CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE ST	<input type="checkbox"/> Delete NAME EYLERTS, KIRSTEN STREET ADDRESS 10500 SW 128TH STREET CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE V	<input checked="" type="checkbox"/> Delete NAME FINCH VALENZUELA, PATRICIO STREET ADDRESS CORONAL PEREIRA 72 OFICINA 104 CITY-ST-ZIP LAS CONDES, SANTIAGO, CHILE,	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE 	<input type="checkbox"/> Delete NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE 	<input type="checkbox"/> Delete NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
TITLE 	<input type="checkbox"/> Delete NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
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:  HORST EYLERTS 4/25/05 786 242 3983 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			