2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 07, 2007 8:00 am Secretary of State DOCUMENT # P03000104988 05-07-2007 90063 002 ***150.00 M.V.I. INVESTMENTS, INC. Principal Place of Business Mailing Address QULV' 6701 NW 37 AVE 6701 NW 37 AVE MIAMI, FL 33147 MIAMI, FL 33147 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262007 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 33-1071081 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH COOPER & LIBERMAN ACCOUNTING & TAX Street Address (P.O. Box Number is Not Acceptable) SERVICE, INC. 747 PALM AVE HIALEAH, FL 33010 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition VILLAMIZAR, MARTHA NAME NAME STREET ADDRESS 6930 NW 186 ST, #206 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 CITY-ST-ZIP ☐ Delete TITLE TITE F ☐ Change ☐ Addition NAME VILLAMIZAR, MARTHA NAME STREET ADDRESS 6930 NW 186 ST, #206 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 CITY-ST-ZIP Change TITLE TITLE ☐ Delete ☐ Addition MILIAN, IDALIO NAME NAME 6930 NW 186 ST #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TUTLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

FILED

Daytime Phone #