

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90237 042 \*\*\*150.00

<b>DOCUMENT # P03000149973</b>					
<b>1. Entity Name</b> MPV CONSTRUCTION, CORP.					
<b>Principal Place of Business</b> 201 RACQUET CLUB RD. 122S WESTON, FL 33326			<b>Mailing Address</b> 201 RACQUET CLUB RD. 122S WESTON, FL 33326		
<b>2. Principal Place of Business</b> 286 RACQUET CLUB RD, UNIT 103 City & State: Weston FL Zip: 33326		<b>3. Mailing Address</b> 286 RACQUET CLUB RD Suite, Apt. #, etc.: UNIT 103 City & State: Weston FL Zip: 33326			
03102006 Chg-P CR2E034 (11/05)		<b>4. FEI Number</b> 20-0484507		Applied For: Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<b>6. Name and Address of Current Registered Agent</b> VARGAS, MARIA P 201 RACQUET CLUB RD. 122S WESTON, FL 33326			
<b>7. Name and Address of New Registered Agent</b> Name: VARGAS, MARIA P Street Address (P.O. Box Number is Not Acceptable): 286 RACQUET CLUB RD UNIT 103 City: Weston FL Zip Code: 33326		<b>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.</b> SIGNATURE: <i>Patricia Vargas P</i> VARGAS, MARIA P DATE: 3/13/06 <small>(NOTE: Registered Agent signature required when resigning)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: P NAME: VARGAS, MARIA P STREET ADDRESS: 201 RACQUET CLUB RD. APT 122S CITY-ST-ZIP: WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 286 RACQUET CLUB RD STREET ADDRESS: UNIT 103, Weston, FL 33326 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Patricia Vargas P</i>			3/13/06 (954) 394-0940		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		