

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Sep 01, 2006 08:00 AM
Secretary of State**DOCUMENT # P04000051339**1. Entity Name
MTV REALTY, INC.Principal Place of Business
**6450 WEST 21ST COURT
SUITE 202
HIALEAH, FL 33016**Mailing Address
**6450 WEST 21ST COURT
SUITE 202
HIALEAH, FL 33016**

08212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
51-0516110Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TEJEDA, MANUEL A
8966 NW 112 ST
HIALEAH GARDENS, FL 33018****DO NOT WRITE
IN THIS SPACE**

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 registering)

DATE

**U000000575843
09/01/06-80002-012 150.00****FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	TEJEDA, MANUEL A	8966 NW 112 ST	HIALEAH GARDENS, FL 33018

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Certifying Person's

8/28/06