

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000143814

1. Entity Name
MOVITEM, INC.



Principal Place of Business

**1855 GRIFFIN RD
STE. A-263
DANIA, FL 33004**

Mailing Address

**1855 GRIFFIN RD
STE. A-263
DANIA, FL 33004**

DO NOT WRITE IN THIS SPACE



03052007 No Chg-P CR2E034 (11/05)

4. FEI Number
47-0946398

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HORTA, JACQUELINE
6830 SW 159 PL
MIAMI, FL 33193**

**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 *X*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Martha Gomez Treas. 4/20/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ORDONEZ, JORGE
1855 GRIFFIN RD. STE A 263
DANIA, FL 33004**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GOMEZ, MARTHA
1855 GRIFFIN RD. STE. A 263
DANIA BEACH, FL 33004**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CS
SALDANA, CELIDA
1855 GRIFFIN RD. STE. A 263
DANIA BEACH, FL 33004**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000743614
05/18/07-80032-005 150.00

**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 like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Martha Gomez Treas. 4/20/07