2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # P04000143814 1. Entity Name MOVITEM, INC.									04-21-2008 90067 007 ***150.00							0.00		
Principal Place of Business Mailing Address																		
1855 GRIFFIN RD STE. A-263 DANIA, FL 33004				STE.	GRIFFIN RD A-263 A, FL 33004			1 (100/100) 1/5 0 0/14 0 / 0 /10 40/14 00/14				een e		(D) #1888 490		83 8 0 (5 (8 f)		
2. Principal Place of Business - No P.O. Box #				3. Mail	ing Address													
Suite, Apt. #, etc.					9, Apt. #, etc.							CR2E0	E034 (12/06)					
City & State					& State					4. FEI Number 47-0946398				Applied For Not Applicable				
Zíp				Zip		ntry	5. Certificate of S					Status Desired			\$8.75 Additional Fee Required			
	6. Name	7. Name and Address of New Registered Agent																
HORTA, JACQUELINE 6830 SW 159 PL MIAMI, FL 33193							Street Address (P.O. Box Number is Not Acceptable)											
, 10, 11, 12 00 100								600 Park View Drive apt 307										
								Hallandele Beach FL Zip Code 33009										
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 Supertive. Toed or privide name of registered agent and title if applicable. (NOTE Registered Agent segnature required when reinstating) DATE																		
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FiL After Ma	E NOW!!! ay 1, 200!	FEE IS \$ ⁴ B Fee will	190.00 be`\$550.0		9. Election Campa Trust Fund Conf			\$5. Add	00 May ed to Fee	Be s								
10.	i a	OF	FICERS AND [DIRECTO		11.			ADDIT	rions,	/CHAN	GES T	O OF	FICE	RS AND	DIRECTOR	IS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I .	Z, JORGE FFIN RD. S' L 33004	TE A 263		☐ Defete											☐ Change	Addition	
TITLE NAME	T GOMEZ, I	MARTHA			☐ Delete	TITL		· · ·								☐ Change	Addition	
STREET ADDRESS City-St-Zip	1855 GRI	FFIN RD. S EACH, FL 3		SIR			EET ADDRESS '- ST-ZIP											
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		☐ Delete											Change	☐ Addition	
of the cor	poration or tr	ne receiver or	trustee empo	wered to	does not qualify for accurate and that re execute this report er like empowered	as requi	emptions conta ture shall have ired by Chapter	the s	in Chap same lega , Florida	ter 119 al effec Statute	9. Floric ct as if r es; and	da Sta made that m	tutes. under ny nar	I furth r oath me ap	her certi ; that I a pears in	ly that the i m an office Block 10 c	nformation or director r Block 11 if	