

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P05000067571

1. Entity Name
MKV REAL ESTATE CORP.



Principal Place of Business
631 US HWY 1 STE 406
N PALM BCH, FL 33408-4621

Mailing Address
631 US HWY 1 STE 406
N PALM BCH, FL 33408-4621



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3805076

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACKEY, WALTER J JR.
631 US HWY 1 STE 406
N PALM BCH, FL 33408-4621

**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 reinstating)

DATE

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

9. Election Campaign Financing... **\$5.00** May Be
Trust Fund Contribution... ☐ Added to Fees

000000707135
04/24/07-80062-015 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MACKEY, WALTER J JR
STREET ADDRESS 772 LAGOON DRIVE
CITY - ST - ZIP NORTH PALM BEACH, FL 33408

TITLE ST
NAME WILLIAMS, EDWARDS S
STREET ADDRESS 6080 TERRA ROSA CIRCLE
CITY - ST - ZIP BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #