

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000141647

Entity Name: MVM GAS AND FOOD, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

16621 SHADY HILLS RD
SPRING HILL, FL 34610

New Principal Place of Business:

Current Mailing Address:

30502 WRENCREST DR
ZEPHYRHILLS, FL 33543

New Mailing Address:

16621 SHADY HILLS RD
SPRING HILL, FL 34610

FEI Number: 20-3633843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETER, KISHORE
30502 WRENCREST DR
ZEPHYRHILLS, FL 33543 US

Name and Address of New Registered Agent:

KP ACCOUNTING AND TAX SERVICE INC
5720 GALL BLVD
SUITE 1
ZEPHYRHILLS, FL 33542 US

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.

SIGNATURE: KISHORE PETER

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KISHORE, SINDHYA
Address: 30502 WRENCREST DR
City-St-Zip: ZEPHYRHILLS, FL 33543

Title: VP () Delete
Name: CYRIAC, JENYMON
Address: 4227 MACKERERL DR
City-St-Zip: SEBRING, FL 33870

Title: SEC () Delete
Name: CYRIAC, JAIMON
Address: 42779 BLOOMINGDALE
City-St-Zip: STERLING HEIGHTS, MI 48314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PETER, SINDHYA
Address: 30502 WRENCREST DR
City-St-Zip: ZEPHYRHILLS, FL 33543

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SINDHYA PETER

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date