
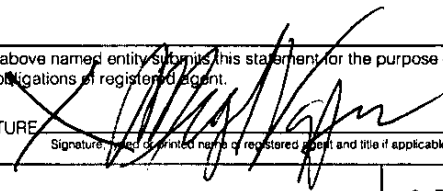
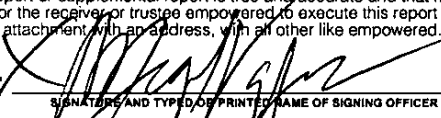


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90188 014 \*\*\*150.00

<b>DOCUMENT # P05000163059</b> 1. Entity Name <b>MV SERVICES GROUP, INC</b>			
Principal Place of Business <del>1050 NW 163RD DRIVE</del> <b>MIAMI, FL 33169</b>		Mailing Address <del>1050 NW 163RD DRIVE</del> <b>MIAMI, FL 33169</b>	
2. Principal Place of Business - No P.O. Box # <b>1001 NW 163RD DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1001 NW 163RD DRIVE</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b> Zip <b>33169</b> Country		City & State <b>Miami, FL</b> Zip <b>33169</b> Country	
4. FEI Number <b>20-3938984</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VAZQUEZ, MIGUEL</b> <del>1050 NW 163RD DRIVE</del> <b>MIAMI, FL 33169</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1001 NW 163RD DRIVE</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33169</b>	
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:  (NOTE: Registered Agent signature required when reinstating) DATE:			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>VAZQUEZ, MIGUEL</b> STREET ADDRESS <del>1050 NW 163RD DRIVE</del> CITY-ST-ZIP <b>MIAMI, FL 33169</b>	<input type="checkbox"/> Delete	TITLE <b>1001 NW 163RD DRIVE</b> NAME <b>MIAMI, FL 33169</b> STREET ADDRESS <b>MIAMI, FL 33169</b> CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	