

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90065 019 ***150.00

DOCUMENT # P06000113539			
1. Entity Name MVM BEST CHOICE INC.			
Principal Place of Business 18081 BISCAYNE BLVD. #1801 AVENTURA FL 33160 UA		Mailing Address 18081 BISCAYNE BLVD. #1801 AVENTURA FL 33160 UA	
2. Principal Place of Business - No P.O. Box # 1400 NE Miami Gard. Dr. Suite, Apt. #, etc. 103A		3. Mailing Address 1400 NE Miami Gardes Dr. Suite, Apt. #, etc. 103A	
City & State N. Miami Beach		City & State North Miami Beach	
Zip 33179	Country Dade	Zip 33179	Country Dade

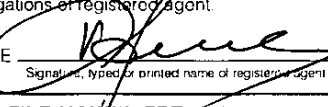


1st MOORE CR2E034 (10/06)

4. FEI Number 20-5489877		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHAMAH, MIGUEL D 18081 BISCAYNE BLVD., #1801 AVENTURA FL 33160		7. Name and Address of New Registered Agent Name: CHAMAH VIKTORIYA Street Address (P.O. Box Number is Not Acceptable) 1400 NE Miami Gardes Dr. R. 103A City: N. Miami Beach FL Zip Code: 33179	
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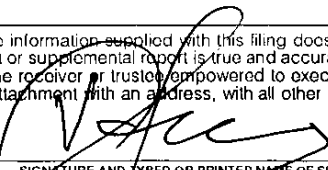
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 03/08/07
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHAMAH, MIGUEL D 18081 BISCAYNE BLVD., #1801 AVENTURA FL 33160 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Viktoriya Chamah 1400 NE Miami Gardes Dr. North Miami Beach, FL 33179 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: 03/08/07 (786)274-1344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR