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	Mailing Address
18081 BISCAYNE BLVD. #1801 AVENTURA FL 33160 UA	18081 BISCAYNE BLVD. #1801 AVENTURA FL 33160 UA

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1400 NE Miami Gard. Dr	1400 NE Miami Gardens Dr.
Suite, Apt. #, etc.: 103 A	Suite, Apt. #, etc.: 103 A
City & State: N. Miami Beach	City & State: North Miami Beach
Zip: 33179 Country: Dade	Zip: 33179 Country: Dade

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 Gardens Dr.
R. 103 A
City: N. Miami Beach FL Zip Code: 33179

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] 03/08/07
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
Make Check Payable to Florida Department of State

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

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	☒ Change ☐ Addition P Viktoriya Chamah 1400 NE Miami Gardens Dr. North Miami Beach, FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 03/08/07 (786)274-1344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #