2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90012 046 ***150.00

DOCUMENT # P06000113539

1. Entity Name

MVM BEST CHOICE INC.

Principal Place of Business	Mailing Address
1400 NE MIAMI GRADENS DR. 103A MIAMI FL 33179 UA	1400 NE MIAMI GRADENS DR. 103A MIAMI FL 33179 UA

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1400 NE Miami Gardens DR.	1400 NE Miami Gardens DR.
Suite, Apt. #, etc.: 211	Suite, Apt. #, etc.: 211
City & State: Miami, FL	City & State: Miami, FL
Zip: 33179 Country: Miami-Dade	Zip: 33179 Country: Dade

1st MOORE CR2E034 (10/07)

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, VIKTORIYA
1400 NE MIAMI GARDENS DR.
~~103A~~ 211
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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] 1/25/08

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, 2008 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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAMAH, VIKTORIYA 1400 NE MIAMI GARDENS DR. MIAMI FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: [signature] 1/25/08 (786)274-1344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #