

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90033 039 ***150.00

DOCUMENT # P06000123349

1. Entity Name
M & V ASSOCIATES, INC.



Principal Place of Business
13591 SW 176 TERR
MIAMI, FL 33177

Mailing Address
13591 SW 176 TERR
MIAMI, FL 33177

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1945T



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312008 Chg-P CR2E034 (12/06)

City & State

City & State

MIAMI FL

4. FEI Number

20-5656410

Applied For

Not Applicable

Zip

Country

Zip

Country

33177

MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RECINOS, MARCOS
13591 SW 176 TERR
MIAMI, FL 33177

Name MARCOS RECINOS

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

13042 S.W. 1945T

City MIAMI

FL

Zip Code 33177

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

Marcos Recinos

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

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 P
NAME RECINOS, MARCOS
STREET ADDRESS 13591 SW 176 TERR
CITY-ST-ZIP MIAMI, FL 33177 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME VEGA, DARIEL
STREET ADDRESS 13591 SW 176 TERR
CITY-ST-ZIP MIAMI, FL 33177 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 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.

SIGNATURE:

Marcos Recinos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #