

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078511

Entity Name: MAVILUT CORP

FILED
Apr 13, 2008
Secretary of State

Current Principal Place of Business:

4677 NW 22 ST
COCONUT CREEK, FL 33063

New Principal Place of Business:

2800 WEST 84 ST
HIALEAH, FL 33018

Current Mailing Address:

4677 NW 22 ST
COCONUT CREEK, FL 33063

New Mailing Address:

2800 WEST 84 ST
HIALEAH, FL 33018

FEI Number: 26-0725217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARRESE, VICTOR G
4677 NW 22 ST
COCONUT CREEK, FL 33063 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARRESE, VICTOR G
Address: 4677 NW 22 ST
City-St-Zip: COCONUT CREEK, FL 33063

Title: VP () Delete
Name: ARRESE, MARIANELA
Address: 4677 NW 22 ST
City-St-Zip: COCONUT CREEK, FL 33063

Title: T () Delete
Name: ARRESE, GUSTAVO
Address: 4677 NW 22 ST
City-St-Zip: COCONUT CREEK, FL 33063

Title: S () Delete
Name: ARRESE, LOURDES
Address: 4677 NW 22 ST
City-St-Zip: COCONUT CREEK, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR G ARRESE

PTE

04/13/2008

Electronic Signature of Signing Officer or Director

Date