

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000067972

Entity Name: M. V. T. DISTRIBUTOR INC

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

979 NW 126 PATH  
MIAMI, FL 33182 US

## **New Principal Place of Business:**

16300 GOLF CLUB DR #218  
WESTON, FL 33326 US

## **Current Mailing Address:**

PO BOX 523882  
MIAMI, FL 33152 US

## **New Mailing Address:**

FEI Number: 80-0484634      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BONNET, MICHEL A  
979 NW 126 PATH  
MIAMI, FL 33182 US

## **Name and Address of New Registered Agent:**

BONNET, MICHEL A  
16300 GOLF CLUB DR #218  
WESTON, FL 33326 US

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

04/05/2012

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: PST  
Name: BONNET, MICHEL A  
Address: 16300 GOLF CLUB DR #218  
City-St-Zip: WESTON, FL 33326 US

I hereby 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 all other like empowered.

SIGNATURE: MICHEL BONNET

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04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date