


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90106 031 ***150.00

DOCUMENT # P95000006022	
1. Entity Name MVP GROUP VENTURES, INC.	

Principal Place of Business 7062 VENETO DR. BOYNTON BEACH, FL 33437	Mailing Address 7062 VENETO DR. BOYNTON BEACH, FL 33437
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0580743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROSEFF, JUDY FINE, PAUL 10439 UTOPIA CIRCLE EAST 7062 VENETO DRIVE BOYNTON BEACH, FL 33437
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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: PAUL FINE, Director Paul Fine, Director DATE: 4-11-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FINE, VITA 7062 VENETO DRIVE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FINE, PAUL 7062 VENETO DRIVE BOYNTON BEACH, FL 33437
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Paul Fine, Director DATE: 4-11-05 561-244-5469

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