2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2007 8:00 am Secretary of State DOCUMENT # P95000011815 1. Entity Name 03-21-2007 90039 007 ***158.75 M.C.V. ENTERPRISES & ASSOCIATES, INC. . . Principal Place of Business Mailing Address 12250 SW 132 CT. #111 MIAMI FL 33186 12250 SW 132 CT. #111 **MIAMI FL 33186** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0565668 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAZQUEZ, MAGDA C Street Address (P.O. Box Number is Not Acceptable) 12250 SW 132 CT. #111 **MIAMI FL 33186** City 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, typed or printed name of registered agent and title r applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 Addition Change TITLE Defete THE VAZQUEZ, MAGDA C NAME NAME 9105 SW 168 CT STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CITY-ST-7/P CHY-ST-ZIP THLE Delete TILLE Change ☐ Addition VAZQUEZ, GERARDO M NAME 9105 SW 168 CT STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CHY-ST-ZIP CHY ST 7IP Сhange ☐ Delete Addition TITLE THLE NAME NAME STRLET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP ☐ Delete THE Change Addition THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-SI-ZIP Delete ☐ Change ☐ Addition HILE TITLE NAM NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP 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 eath; 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 this empowered.

FILED

Vicepresident 3/10/07 305-96 SIGNATURE: