

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000055052

1. Entity Name
M.O.V., INC.



Principal Place of Business
**12039 S.W. 39 TERR
MIAMI, FL 33175 US**

Mailing Address
**12039 S.W. 39 TERR
MIAMI, FL 33175 US**



02172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0678391

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAZQUEZ, MANUEL
1328 S.W. 17 ST
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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 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

TITLE	D
NAME	VAZQUEZ, MANUEL O
STREET ADDRESS	1328 S.W. 17TH ST.
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	VAZQUEZ, ORLANDO
STREET ADDRESS	12515 S.W. 33RD TERRACE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	VAZQUEZ, ALINA
STREET ADDRESS	12039 S.W. 39TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000839289
03/05/08-300002-011 150:00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL VAZQUEZ **2/18/08**

Date

Daytime Phone #

305-858-5470