


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90071 001 ***150.00

DOCUMENT # P96000100878

1. Entity Name
MARVIL INVESTMENTS, INC.



| | |
|--|--|
| Principal Place of Business 7841 NW 56 ST MIAMI, FL 33143 US | Mailing Address 7841 NW 56 ST MIAMI, FL 33143 US |
|--|--|

60021050



02212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0715471 | 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

VILLASANTE, ALINA
 7841 NW 56 ST
 MIAMI, FL 33166

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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: ALINA VILLASANTE VICE-PRESIDENT 2/22/07 DATE

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | P |
| NAME | VILLASANTE, FRANCISGO J |
| STREET ADDRESS | 6320 SW 104 ST. |
| CITY-ST-ZIP | MIAMI, FL 33156 |
| TITLE | V |
| NAME | VILLASANTE, ALINA |
| STREET ADDRESS | 6320 SW 104 ST. |
| CITY-ST-ZIP | MIAMI, FL 33156 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 reports 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 authorized 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 of all other like empowered.

SIGNATURE: ALINA VILLASANTE DATE: 2/22/07

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