


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 22 AM 8:19

DOCUMENT # P96000103391			
1. Entity Name AMV MANAGEMENT CORP.			
Principal Place of Business 4798 NE 10 A VE OAKLAND PARK, FL 33334		Mailing Address 4798 NE 10 A VE OAKLAND PARK, FL 33334	
2. Principal Place of Business - No P.O. Box # 702 E. MCNAB ROAD Suite, Apt. #, etc.		3. Mailing Address 702 E. MCNAB ROAD Suite, Apt. #, etc.	
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL	
Zip 33060	Country	Zip 33060	Country
4. FEI Number 65-0715535		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 VAELIZADEH, ADEL 4798 NE 10TH AVENUE FORT LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent Name ADEL VAELIZADEH Street Address (P.O. Box Number is Not Acceptable) 702 E. MCNAB ROAD City POMPANO BEACH FL Zip Code 33060	
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: <i>X Adel Vaelizadeh</i> DATE: Dec. 19, 2008 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAELIZADEH, ADEL 4798 NE 10TH AVENUE FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAELIZADEH, ADEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 702 E. MCNAB ROAD POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>X Adel Vaelizadeh</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: Dec. 19, 2008 Daytime Phone #	

12/23/08