## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 08:00 AM Secretary of State

ANNUAL REPORT			Secretary of Sta			
DOCUMENT # P9800004235  1. Entity Name B.M.V. ENTERPRISES, INC.	56		)	56	ecretary	y <b>01 Sta</b>
3337 SHERIDAN STREET	Mailing Address 3337 SHERIDAN STREET HOLLYWOOD, FL 33021	•				
DO NOT WRITE II	N THIS SPA	CE	01292007 4. FEI Numb 65-085	No Chg-P	CR2E034 (11/	Applied For Not Applicable Additional
6. Name and Address of Current Registered Agent BENGHIAT, MARC 1680 NE 191 ST., #A2, APT. 202 N. MIAMI BCH, FL 33179				NOT WE		
8. The above named entity submits this statement for the the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title.		d Agent signature require		th, in the State of Florid	da. I am familiar v	vith, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		5.00 May Be ded to Fees	U00000 02/13/07~	622458 80026-020	150.00
10. OFFICERS AND DIRECT INTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTORS		DO	NOT WE	RITE	rge <sup>e</sup>
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		] . 	IN '	THIS SPA	ACE	

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 earli; 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MUL HUUUL IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF BEIN11/11

// 1/0) | Date

Daytime Phone #