2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000042356

1. Entity Name
B.M.V. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3337 SHERIDAN STREET	3337 SHERIDAN STREET
HOLLYWOOD, FL 33021	HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

02142008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0851152	Not Applicable

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

6. Name and Address of Current Registered Agent

BENGHIAT, MARC
1680 NE 191 ST., #A2, APT. 202
N. MIAMI BCH, FL 33179

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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_____

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	BENGHIAT, MARC
STREET ADDRESS	1680 NE 191 ST., #A2, APT. 202
CITY-ST-ZIP	N. MIAMI BCH, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

U00000849310
03/21/08-80015-011 150.00

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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: _____ MARC BENGHIAT 3/1/08 954969

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