

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90035 048 ***150.00

50059353



07252005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0859322** Applied For ☐ Not Applicable

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

DOCUMENT # P98000074208

1. Entity Name
MVM BEVERAGES, INC.



Principal Place of Business
**1536 B SOUTH FEDERAL HIGHWAY
DELRAY BEACH, FL 33483**

Mailing Address
**1536 B SOUTH FEDERAL HIGHWAY
DELRAY BEACH, FL 33483**

2. Principal Place of Business
1435 Lands End Road

3. Mailing Address
1435 Lands End Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Manalapan, FL

City & State
Manalapan, FL

Zip
33462

Country

Zip
33462

Country

6. Name and Address of Current Registered Agent

**MEREDITH, ANNETTE
1536 B SOUTH FEDERAL HIGHWAY
DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent

Name
Annette Meredith
Street Address (P.O. Box Number is Not Acceptable)
1435 Lands End Road

City
Manalapan FL Zip Code
33462

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MEREDITH, ANNETTE
1435 LANDS END ROAD
MANALAPAN, FL 33462** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Annette Meredith
July 28, 05 (561) 588-4130