


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000096440 1. Entity Name M.V. BOOKKEEPING SERVICES CORP.		
Principal Place of Business 16215 NORTHWEST 83RD COURT MIAMI LAKES, FL 33016	Mailing Address 16215 NORTHWEST 83RD COURT MIAMI LAKES, FL 33016	



DO NOT WRITE IN THIS SPACE

02232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0878015	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VARELA, MARIA E
16215 NW 83 CT
MIAMI, FL 33016

**DO NOT WRITE
IN THIS SPACE**

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 re-instating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	VARELA, MARIA E
STREET ADDRESS	16215 NORTHWEST 83RD COURT
CITY - ST - ZIP	MIAMI LAKES, FL 33016

TITLE	SVD
NAME	VARELA, NOEL S
STREET ADDRESS	16215 NORTHWEST 83RD COURT
CITY - ST - ZIP	MIAMI LAKES, FL 33016

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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IN THIS SPACE**

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:

Maria E Varela
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/05
Date

305 823 8079
Daytime Phone #