2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-12-2004 90041 029 ***150.00

DOCUMENT # P98000104166

1. Entity Name
MSV INVESTMENTS, INC.

Principal Place of Business	Mailing Address
100 LINCOLN RD., SUITE 823 MIAMI BEACH, FL 33130 US	PO BOX 141891 CORAL GABLES, FL 33114-1891

03092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. Box 141891	P.O. Box 141891
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, Fl.	City & State: Coral Gables, Fl
Zip: 33114 Country: USA	Zip: 33114 Country: USA

4. FEI Number APPLIED FOR 65-0906609 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOSA, MAGALI
100 LINCOLN RD, SUITE 823
MIAMI BEACH, FL 33130

7. Name and Address of New Registered Agent

Name: SOSA, MAGALI
Street Address (P.O. Box Number is Not Acceptable): 804 Douglas Rd. Suite 375
City: Coral Gables FL Zip Code: 33134

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 _____ 3-9-04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SOSA, MASALI PO BOX 141891 CORAL GABLES, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SOSA, MAGALI PO BOX 141891 CORAL GABLES, FL 33114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOSA, NELSON POBOX 141891 CORAL GABLES, FL 33114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOSA, NELSON PO BOX 141891 CORAL GABLES FL 33114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALLADARES, MAGALI PO BOX 141891 CORAL GABLES FL 33114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALLADARES, MAGALI POBOX 141891 CORAL GABLES, FL 33114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 3-9-04 305-442-1240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #