

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40095604



06012006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0969149

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PADIAL, JOSE I
2600 DOUGLAS ROAD
PH-6
CORAL GABLES, FL 33134

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NELDO L. C. CARVALHO
STREET ADDRESS	2600 DOUGLAS RD PH 6
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	VESPERO, AMALDO
STREET ADDRESS	2600 DOUGLAS RD PH 6
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Neldo Carvalho 6/12/06 305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



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305-444-4977

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**MAVI ENTERPRISES, INC.
AXION BUSINESS HOLDINGS, INC.
DYNAMIC WAREHOUSE INC.**

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

ATTN: TYRONE SCOTT

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION TO BE ABLE TO RESOLVE THE ABOVE MENTIONED CORPORATION. I DID NOT RECEIVE THE UBR NOTICE UNTIL AFTER THE MAY 1 NOTIFICATION. THEREFORE I WOULD LIKE TO UPDATE MY CORPORATION TO ITS CURRENT STATUS.

PLEASE WAIVE ANY LATE FEES

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY,

A handwritten signature in black ink, appearing to read 'Neldo L. C. Carvalho', written in a cursive style.

NELDO L. C. CARVALHO
PRESIDENT