

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # S95103 1. Entity Name MAVILO WHOLESALERS, INC.	
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Principal Place of Business 4150 N ARMENIA AVE STE 100 TAMPA, FL 33607 US	Mailing Address 4150 N ARMENIA AVE STE 100 TAMPA, FL 33607 US
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02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3104068	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 OLIVA, MARK A 4150 N ARMENIA AVE STE 100 TAMPA, FL 33607
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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.

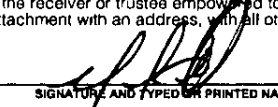
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	U000000891831 04/23/08-80042-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLIVA, MARK A 4150 N AMENIA AVE #100 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OLIVA, MICHAEL B 4150 N ARMENIA AVE #100 TAMPA, FL
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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:  MARK A. OLIVA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/14/08 Date	813 877-8663 Daytime Phone #
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