


## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90065 019 \*\*\*150.00

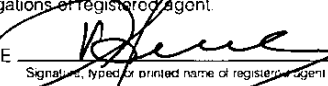
<b>DOCUMENT # P06000113539</b> 1. Entity Name <b>MVM BEST CHOICE INC.</b>		
Principal Place of Business 18081 BISCAYNE BLVD. #1801 AVENTURA FL 33160 UA	Mailing Address 18081 BISCAYNE BLVD. #1801 AVENTURA FL 33160 UA	
2. Principal Place of Business - No P.O. Box # <b>1400 NE Miami Gard. Dr.</b>	3. Mailing Address <b>1400 NE Miami Gardes Dr.</b>	
Suite, Apt. #, etc. <b>103A</b>	Suite, Apt. #, etc. <b>103A</b>	
City & State <b>N. Miami Beach</b>	City & State <b>North Miami Beach</b>	
Zip <b>33179</b>	Country <b>Dade</b>	Zip <b>33179</b>
Country <b>Dade</b>	4. FEI Number <b>20-5489877</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent <b>CHAMAH, MIGUEL D</b> <b>18081 BISCAYNE BLVD.,</b> <b>#1801</b> <b>AVENTURA FL 33160</b>		7. Name and Address of New Registered Agent Name <b>Chamah Viktoriya</b> Street Address (P.O. Box Number is Not Acceptable) <b>1400 NE Miami Gardes Dr.</b> <b>R. 103A</b> City <b>N. Miami Beach</b> <b>FL</b> Zip Code <b>33179</b>	
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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  DATE **03/08/07**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	P CHAMAH, MIGUEL D	<input checked="" type="checkbox"/> Delete		TITLE	P Viktoriya Chamah	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	18081 BISCAYNE BLVD., #1801			NAME	1400 NE Miami Gardes Dr.		
STREET ADDRESS	AVENTURA FL 33160			STREET ADDRESS	North Miami Beach, FL 33179		
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **03/08/07** (786)274-1344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR