

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90012 046 \*\*\*150.00



**DOCUMENT # P06000113539**  
1. Entity Name  
**MVM BEST CHOICE INC.**

Principal Place of Business 1400 NE MIAMI GRADENS DR. 103A MIAMI FL 33179 UA	Mailing Address 1400 NE MIAMI GRADENS DR. 103A MIAMI FL 33179 UA
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2. Principal Place of Business - No P.O. Box # <i>1400 NE Miami Gardens DR.</i>	3. Mailing Address <i>1400 NE Miami Gardens DR.</i>
Site, Apt. #, etc. <i>211</i>	Site, Apt. #, etc. <i>211</i>

1st MOORE CR2E034 (10/07)

City & State <i>Miami, FL</i>	City & State <i>Miami, FL</i>
Zip <i>33179</i>	Zip <i>33179</i>
Country <i>Miami-Dade</i>	Country <i>Dade</i>

4. FEI Number <b>20-5489877</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CHAMAH, VIKTORIYA**  
1400 NE MIAMI GARDENS DR.  
~~103A~~ *211*  
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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]* DATE *1/25/08*

Signature, typed or printed name of registered agent and title. Last page. (MORE Registered Agent information requires when form being filed)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	
TITLE P	<input type="checkbox"/> Delete
NAME <b>CHAMAH, VIKTORIYA</b>	
STREET ADDRESS <b>1400 NE MIAMI GARDENS DR.</b>	
CITY-ST-ZIP <b>MIAMI FL 33179</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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, which other like empowered.

SIGNATURE *[Signature]* DATE *1/25/08* (786) 274-1344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR