

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 190741

FILED  
Feb 20, 2004  
Secretary of State

Entity Name: MOUW ASSOCIATES, INC.

**Current Principal Place of Business:**

409 NE 3RD STREET  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2690  
DELRAY BEACH, FL 334472690 US

**New Mailing Address:**

FEI Number: 59-0761310      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOUW, ARMAND  
409 NE 3RD STREET  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: ARNOLD B. SMITH,  
Address: 409 NE 3RD ST.  
City-St-Zip: DELRAY BEACH, FL

Title: CD ( ) Delete  
Name: MOUW, ARMAND,  
Address: 409 NE 3RD ST  
City-St-Zip: DELRAY BCH, FL 00000,

Title: P ( ) Delete  
Name: MOUW, RICHARD,  
Address: 409 NE 3RD STREET  
City-St-Zip: DELRAY BEACH, FL

Title: V ( ) Delete  
Name: SMITH, ARNOLD,  
Address: 409 NE 3RD STREET  
City-St-Zip: DELRAY BEACH, FL

Title: D ( ) Delete  
Name: FARNHAM, HEIDI  
Address: 409 NE 3RD ST  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CB (X) Change ( ) Addition  
Name: MOUW, ARMAND,  
Address: 409 NE 3RD ST  
City-St-Zip: DELRAY BCH, FL 33483

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMAND MOUW

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

CB

02/20/2004

\_\_\_\_\_ Date