


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90007 020 ***150.00

DOCUMENT # P03000124196

1. Entity Name
M & J MOLDOVAN, INC.



Principal Place of Business Mailing Address
511 S. HIGHLANDS DR. **511 S. HIGHLANDS DR.**
HOLLYWOOD FL 33021 **HOLLYWOOD FL 33021**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

Zip Country Zip Country

4. FE# Number Applied For

38-3692900 Not Applicable

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

6. Name and Address of Current Registered Agent

~~MOLDOVAN MARIA~~
~~2260 NW 77TH TERR~~
~~PEMBROKE PINES FL 33024~~

It's a different address

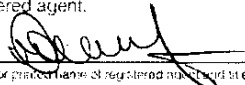
7. Name and Address of New Registered Agent

Name: **MOLDOVAN MARIA**

Street Address (P.O. Box Number is Not Acceptable): **511 S. HIGHLANDS DR**

City: **HOLLYWOOD** FL Zip Code: **33021**

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: _____

Signature, typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when submitting)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MOLDOVAN, MARIA	2260 NW 77TH TERR	PEMBROKE PINES FL 33024	<input type="checkbox"/>
		<i>511 S HIGHLANDS DR</i>	<i>HOLLYWOOD FL 33021</i>	<input type="checkbox"/>
		<i>X</i>		<input type="checkbox"/>
		<i>X</i>		<input type="checkbox"/>
		<i>X</i>		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____ DAYTIME PHONE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR