

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90027 032 ***150.00

DOCUMENT # P04000013357

1. Entity Name
MOLLY USA INVESTMENTS, INC.



Principal Place of Business
**791 CRANDON BLVD APT 1102
KEY BISCAYNE, FL 33149**

Mailing Address
**791 CRANDON BLVD APT 1102
KEY BISCAYNE, FL 33149**

40010110



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2404486

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PARLADE, ALBERTO J
7050 SW 86 AVE
MIAMI, FL 33143**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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
**PSD
ELIAS, FRANCISCO
791 CRANDON BLVD APT 1102
KEY BISCAYNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DE ELIAS, BEATRIZ
791 CRANDON BLVD APT 1102
KEY BISCAYNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
ELIAS, MARIA L
791 CRANDON BLVD APT 1102
KEY BISCAYNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Francisco Elias

02/14/07

(305) 361 7853