2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P99000007458 03-01-2004 90035 039 ***150.00 1. Entity Name GREAT MORAVIA CORP. Principal Place of Business Mailing Address 54013412 504 100TH AVE N 504 100TH AVE N APT 201 APT 201 SAINT PETERSBURG, FL 33702 SAINT PETERSBURG, FL 33702 2. Principal Place of Business 6617 Stewart 3. Mailing Address GG17 Stewart Suite, Apt. #, etc. Suite, Apt. #, etc. 02252004 CR2E034 (10/03) Chg-P Applied For 4. FEI Number Si. Petersburg, F(59-3551723 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33702 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Alexe Lank LANIK, ALEXE J Street Address (P.O. Box Number is Not Acceptable) 504 100TH AVE N STE 201 PINELLAS PARK, FL 33781 Stewart Ave. City St. Petersburg, 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. Lank Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ■ Addition D Change TITLE ☐ Delete TITLE Alexej Lenik LANIK, ALEXEJ NAME NAME Stewart Ave. 504 100TH AVE N #201 STREET ADDRESS CGIT STREET ADDRESS St. Petersburg, CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG, FL 33702 Change ☐ Addition ☐ Delete TITI F 47 TITLE NAME MAJEROVA, PAULA Poule Majerova GG17 Stewart Ave. 504 100TH AVE N #201 STREET ADDRESS STREET ADDRESS CITY-ST-7IP SAINT PETERSBURG, FL 33702 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ---- Change - Addition TITLE Delete ⁻⁻ TITE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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. Alexel Lenik SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 01, 2004 8:00 am