


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90031 016 ***150.00

DOCUMENT # P98000017091

1. Entity Name
MOSKVICH-SERVICE, INC.



Principal Place of Business Mailing Address
251-174TH ST. #1412 **251-174TH ST. #1412**
SUNNY ISLES, FL 33160 **SUNNY ISLES, FL 33160** **US** **US**

50017735



2. Principal Place of Business 3. Mailing Address
2690 SOUTH PARK ROAD **251-174TH STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
BAY # 9 **APT. # 1412**

02162005 Chg-P CR2E034 (10/03)

City & State City & State
PEMBROKE PARK **FL** **SUNNY ISLES BEACH** **FL**
 Zip Country Zip Country
33009 **USA** **33160** **USA**

4. FEI Number Applied For
65-0817112 Not Applicable

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

| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
|--|--|---|--|
| AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134 | | 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution:

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEMENTSOV, ANDREY V | NAME | |
| STREET ADDRESS | 251-174TH ST APT #1412 | STREET ADDRESS | |
| CITY-ST-ZIP | SUNNY ISLES, FL 33160 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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 title empowered.

SIGNATURE: _____ **ANDREY SEMENTSOV** **02/18/2005** **786.488.2506**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #