


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.	
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Principal Place of Business 251-174TH ST. #1412 SUNNY ISLES, FL 33160 US	Mailing Address 251-174TH ST. #1412 SUNNY ISLES, FL 33160 US
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50017735



2. Principal Place of Business 2690 SOUTH PARK ROAD Suite, Apt. #, etc. BAY # 9	3. Mailing Address 251-174TH STREET Suite, Apt. #, etc. APT. # 1412	02162005 Chg-P CR2E034 (10/03)
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City & State PEMBROKE PARK FL	City & State SUNNY ISLES BEACH FL	4. FEI Number 65-0817112	Applied For Not Applicable
Zip 33009 Country USA	Zip 33160 Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	SEMENTSOV, ANDREY V	NAME	
STREET ADDRESS	251-174TH ST APT #1412	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 SEMENSOV** 02/18/2005 786.488.2506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #