

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000043360

1. Entity Name
MOSLANDS, INC.



Principal Place of Business
16000 NW 59TH AVE., #104
MIAMI LAKES, FL 33014

Mailing Address
16000 NW 59TH AVE., #104
MIAMI LAKES, FL 33014



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0759802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLINA, ALBERT
16000 NW 59TH AVE., #104
MIAMI LAKES, FL 33014

**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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOLINA, ALBERT
STREET ADDRESS	16000 NW 59TH AVE., #104
CITY-ST-ZIP	MIAMI LAKES, FL 33014

TITLE	VPD
NAME	SLATON, MICHAEL
STREET ADDRESS	16000 NW 59TH AVE., #104
CITY-ST-ZIP	MIAMI LAKES, FL 33014

TITLE	STD
NAME	SANDS, STEVE
STREET ADDRESS	16000 NW 59TH AVE., #104
CITY-ST-ZIP	MIAMI LAKES, FL 33014

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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05/04/06-80052-009 150.00

**DO NOT WRITE
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 #

MICHAEL SLATON

4-21-06 305-502-1103