

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017091
1. Entity Name
MOSKVICH-SERVICE, INC.

80054803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 470 ANSIN BLVD.		3. Mailing Address 470 ANSIN BLVD.		4. FEI Number 65-0817112		Applied For Not Applicable
Suite, Apt. #, etc. SUITE: G		Suite, Apt. #, etc. SUITE: G		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required
City & State HALLANDALE, FL		City & State HALLANDALE, FL		Zip 33009		Country USA

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7. Name and Address of Current Registered Agent

Name **AMERILAWYER**

Street Address (P.O. Box Number is Not Acceptable)
343 ALMERIA AVENUE

City **CORAL GABLES** State **FL** Zip Code **33134**

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.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

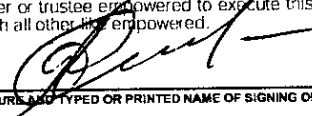
10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS		
TITLE	PSTD	TITLE
NAME	SEMENTSOV, ANDREY V.	NAME
STREET ADDRESS	470 ANSIN BLVD., SUITE: G	STREET ADDRESS
CITY-ST-ZIP	HALLANDALE FL 33009	CITY-ST-ZIP
TITLE		TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE		TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE		TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

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13. 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 11 or on an attachment with an address, with all other fees empowered.

SIGNATURE:  **Andrey V. Sementsov** **03/01/2003**
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

80654803
P98000017091

Dear Sir or Madam:

I send my Uniform Business Report 2003-from-Russia, because I'm in
Russia now.


Sorry for delay.

If You have any questions, the best way to reach me, write me to e-mail
address: moskv@kaluga.ru

Best regards,

President of Moskvich-service, Inc. (a Florida corporation)
Document #P98000017091

Andrey Sementsov

 03/01/2003