

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 190741

1. Entity Name
MOUW ASSOCIATES, INC.



Principal Place of Business

**409 NE 3RD STREET
DELRAY BEACH, FL 33483 US**

Mailing Address

**409 NE 3RD STREET
DELRAY BEACH, FL 33483 US**



02152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0761310

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOUW, ARMAND
409 NE 3RD STREET
DELRAY BEACH, FL 33483**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	ARNOLD B. SMITH
STREET ADDRESS	409 NE 3RD ST.
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	CB
NAME	MOUW, ARMAND
STREET ADDRESS	409 NE 3RD ST
CITY-ST-ZIP	DELRAY BCH, FL 33483
TITLE	P
NAME	MOUW, RICHARD
STREET ADDRESS	409 NE 3RD STREET
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	V
NAME	SMITH, ARNOLD
STREET ADDRESS	409 NE 3RD STREET
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/07-80064-009 158.75

**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

Armand Mouw
CFO

Date

Daytime Phone #

561-276-9640
2/19/07