


2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/16/2004 90045-031 \$150.00

DOCUMENT # 529205
 1. Entity Name
MOPED WORLD, INCORPORATED



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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 1507 NW 119TH ST
 N MIAMI, FL 33167

Mailing Address
 1507 NW 119TH ST
 N MIAMI, FL 33167



DO NOT WRITE IN THIS SPACE

03022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1727589 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ROSAINZ, LUIS JR
 1115 NW 128TH ST
 MIAMI, FL 33168

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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: Luis J. Rosainz DATE: 4/27/04

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROSAINZ, LUIS
STREET ADDRESS	14960 E FALONS LEA DR
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	SVT
NAME	ROSAINZ, MAYRA
STREET ADDRESS	14960 E FALONS LEA DR
CITY-ST-ZIP	DAVIE, FL 33331
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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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 like empowered.

SIGNATURE: Mayra Rosainz DATE: 8/31/04 DAYTIME PHONE: 305-689-0051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR