


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 536332 1. Entity Name MOVING AND STORAGE SYSTEMS, INC.	
---	---

Principal Place of Business 13200 NW 38TH COURT OPA LOCKA, FL 33054-4514 US	Mailing Address 13200 NW 38TH COURT OPA LOCKA, FL 33054-4514 US
---	---



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1751502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHASHATY, RAYMOND J PRES.
13200 NW 38TH COURT
OPA LOCKA, FL 33054-4514**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000113062 04/14/04-80048-019 158.75
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHASHATY, RAYMOND J 5831 SW 93RD PLACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHASHATY, MICHAEL 5001 S. W. 87TH PLACE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Michael Shashaty* Sec/Treasurer **4/9/04** **(305) 688-2900**

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