

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

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # G85018	
1. Entity Name	
M. David Moallem Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1663 Georgia Street, N. E., Ste. 200 Suite, Apt. #, etc.		3. Mailing Address 1663 GEORGIA ST NE # 200 Suite, Apt. #, etc.	
City & State Palm Bay, FL		City & State Palm Bay, FL	
Zip 32907	Country	Zip 32907	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2366750		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MOALLEM, M DAVID	
Street Address (P.O. Box Number is Not Acceptable) 520 N. RIVERSIDE DRIVE	
City INDIALANTIC	FL Zip Code 32903

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**

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MOALLEM, M. DAVID 520 N. RIVERSIDE DRIVE INDIALANTIC FL 32903
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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 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 #

03/15/06 321-724-2424