

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100984

FILED
Jun 25, 2008
Secretary of State

Entity Name: MOFLO, LLC

Current Principal Place of Business:

1655 MERIDIAN AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

C/O PHILIP NAPIER
1 WESTMOUNT SQUARE, SUITE 760
MONTREAL, QUEBEC, CA H3Z2P9 OC

Current Mailing Address:

1655 MERIDIAN AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

C/O PHILIP NAPIER
1 WESTMOUNT SQUARE, SUITE 760
MONTREAL, QUEBEC, CA H3Z2P9 OC

FEI Number: 20-3738286 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: M () Delete
Name: NAPIER, PHILIP
Address: ONE WESTMOUNT SQUARE, SUITE 760
City-St-Zip: MONTREAL, QUEBEC, QB H3Z 2P9

ADDITIONS/CHANGES:

Title: M (X) Change () Addition
Name: NAPIER, PHILIP
Address: ONE WESTMOUNT SQUARE, SUITE 760
City-St-Zip: MONTREAL, QUEBEC, CA H3Z 2P9 OC

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PHILIP NAPIER

M

06/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date