

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90062 021 ***150.00

DOCUMENT # M36753

1. Entity Name
MOLDAVAN CO.



Principal Place of Business
**C/O ANATOLY MOLDAVAN
231-174 ST
MIAMI BCH, FL 33160 US**

Mailing Address
**C/O ANATOLY MOLDAVAN
231-174 ST
MIAMI BCH, FL 33160 US**

50013610



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0014396

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANATOLY, MOLDAVAN
231-174 STREET
N. MIAMI BEACH, FL 33160**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	MOLDAVAN, ELIZABETH
STREET ADDRESS	231-174 ST
CITY-ST-ZIP	MIAMI BEACH, FL 33160
TITLE	P
NAME	ANATOLY, MOLDAVAN
STREET ADDRESS	231-174 STREET 1217
CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	D
NAME	ROBERT, MICHAELSON
STREET ADDRESS	231-174 STREET 1217
CITY-ST-ZIP	N. MIAMI BEACH, FL
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 *X* *Anatoly Moldavan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #