

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 A
Secretary of State

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**



02182008 No Chg-P CR2E034 (11/05)

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, 2008 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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/08-80022-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #