


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90014 038 \*\*\*150.00

<b>DOCUMENT # M43767</b> 1. Entity Name <b>ROBERT A. MOYA, INC.</b>					
Principal Place of Business <b>14861 DUNBARTON PL.</b> <b>MIAMI LAKES, FL 33016</b> -US-			Mailing Address <b>14861 DUNBARTON PL.</b> <b>MIAMI LAKES, FL 33016</b> -US-		
2. Principal Place of Business <b>3163 NE 166 St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3163 NE 166 St</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, FL 33016</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>59-2758185</b>	
Zip <b>33016</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MOYA, ROBERT A.</b> <b>14861 DUNBARTON PLACE</b> <b>MIAMI LAKES, FL 33016</b>			7. Name and Address of New Registered Agent Name <b>MOYA, Roberto A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3163 NE 166 Street</b> City <b>MIAMI</b> FL Zip Code <b>33016</b>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS :			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MOYA, ROBERT A. 14861 DUNBARTON PLACE MIAMI LAKES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MOYA, Roberto A. 3163 NE 166 St. Miami, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					