

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N07000010867

1. Entity Name
MOSSEVHA CORPORATION



Principal Place of Business
5570 NW 44TH STREET
APT 305A
LAUDERHILL, FL 33319

Mailing Address
PO BOX 190516
FORT LAUDERDALE, FL 33319

DO NOT WRITE IN THIS SPACE



04052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
33-1170294

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELIX, ODILEM
5570 NW 44TH STREET
APT 305 A
LAUDERHILL, FL 33319

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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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
FELIX, ODILEM
5570 NW 44TH STREET, APT 305 A
LAUDERHILL, FL 33319

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
ALCIME, JOVENEL
7051 ENVIRON BLVD, APT 333
LAUDERHILL, FL 33319

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
JOSEPH, ROLAND
2790 SOMERSET DR, APT 416
LAUDERDALE LAKES, FL 33311

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JACOB, WILNER
7608 NW 71ST AVE
TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U60000917465
05/13/08-80043-003 61.25

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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 617, 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: Odilem Felix
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08 (954) 918 6538
Date Daytime Phone #