2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010867

Name:

Address:

City-St-Zip:

JACOB, WILNER

7608 NW 71ST AVE

TAMARAC, FL 33321

Entity Name: MOSSEVHA CORPORATION

FILED May 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5570 NW 44TH STREET **APT 305A** LAUDERHILL, FL 33319 **Current Mailing Address: New Mailing Address:** PO BOX 190516 FORT LAUDERDALE, FL 33319 FEI Number: 33-1170294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FELIX, ODILEM 5570 NW 44TH STREET **APT 305 A** LAUDERHILL, FL 33319 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FELIX, ODILEM Name: Name: Address: 5570 NW 44TH STREET, APT 305 A Address: City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ALCIME, JOVENEL Name: Address: 7051 ENVIRON BLVD, APT 333 Address: City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: Title: () Delete Title: () Change () Addition JOSEPH, ROLAND Name: Name: 2790 SOMERSET DR, APT 416 Address: Address: City-St-Zip: LAUDERDALE LAKES, FL 33311 City-St-Zip: Title: () Delete Title: () Change () Addition

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ODILEM FELIX MR 05/11/2009