2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010011

8026 SPRING CREEK DRIVE

KISSIMMEE, FL 34746

Address: City-St-Zip:

FILED Apr 09, 2009 Secretary of State

| Entity Nar | ne: MOSKOV | /ITZ, INC. | | | |
|--|---|-----------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | NG CREEK DI E, FL 34746 | RIVE | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| PO BOX 195275 WINTER SPRINGS, FL 32719 | | | PO BOX 470412 KISSIMMEE, FL 3474 | PO BOX 470412 KISSIMMEE, FL 34747 | |
| FEI Number: | 52-2213015 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| MOSKOWITZ, STEVEN 8026 SPRING CREEK DRIVE KISSIMMEE, FL 34746 US | | | 8026 SPRING CREEK | MOSKOWITZ, STEVEN 8026 SPRING CREEK DRIVE KISSIMMEE, FL 34747 US | |
| | named entity s of Florida. | submits this statement for the po | urpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | | 04/09/2009 | |
| Electronic Signature of Registered Agent | | | nt | Date | |
| Election Car | npaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PV () MOSKOWITZ, M 8026 SPRING O KISSIMMEE, FL | REEK DRIVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () MOSKOWITZ, S 8026 SPRING O KISSIMMEE, FL | CREEK DRIVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | TD () MOSKOWITZ, (| Delete DRI | Title: Name: | () 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: STEVEN MOSKOWITZ VΡ 04/09/2009