

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000014186

1. Entity Name
MOOSECOW.NET, INC.



Principal Place of Business
5390 NW 161ST STREET
MIAMI LAKES, FL 33014

Mailing Address
P.O. BOX 4811
MIAMI LAKES, FL 33014



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1088314

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSKOWITZ, HERMAN
3850 HOLLYWOOD BLVD., #204
HOLLYWOOD, FL 33028

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TUCKKLAPER, MARVIN
PO BOX 4811
MIAMI LAKES, FL 33014

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U000000922671
05/15/08-80056-003 150.00

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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 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 #