2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000059840

1. Entity Name
MODERATTO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3701 N. COUNTYR CLUB DRV., APT. 402 AVENTURA, FL 33180	3701 N. COUNTYR CLUB DRV., APT. 402 AVENTURA, FL 33180

01242005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-1038906

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHONBERG, DIANA
3701 N. COUNTYR CLUB DRV., APT. 402
AVENTURA, FL 33180

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHONBERG, DIANA
STREET ADDRESS	3701 N. COUNTYR CLUB DRV., APT. 402
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	STD
NAME	HABER, ALBERTO
STREET ADDRESS	3701 N. COUNTYR CLUB DRV., APT. 402
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	TD
NAME	SCHONBERG, YAEL
STREET ADDRESS	18184 COLLINS AVENUE
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/05-80040-009 150.00

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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.

SIGNATURE: Diana S PRESIDENT 2/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #