

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90304 012 ***150.00

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01252005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000017354 1. Entity Name MORAVA AUTO INC.					
Principal Place of Business 2908 CLARK RD., #10 SARASOTA, FL 34231			Mailing Address 2908 CLARK RD., #10 SARASOTA, FL 34231		
2. Principal Place of Business 3201 GULF WATCH CT		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State		4. FEI Number 65-1086276	
Zip 34231		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARDI, LES CPA 7061 S. TAMiami TRAIL SARASOTA, FL 34231-5559			7. Name and Address of New Registered Agent Name STANISLAV BLAHACEK Street Address (P.O. Box Number is Not Acceptable) 3201 GULF WATCH CT City SARASOTA FL Zip Code 34231		
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 STANISLAV BLAHACEK REG. AGENT 3/12/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BLAHACEK, STANISLAV STREET ADDRESS 2908 CLARK RD., #10 CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 3201 GULF WATCH CT. SARASOTA, FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BLAHACKOVA, HANA STREET ADDRESS 2908 CLARK RD., #10 CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 3201 GULF WATCH CT SARASOTA, FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 STANISLAV BLAHACEK PRES.			3/12/05 941-923-0189 <small>Date Daytime Phone #</small>		