2005 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

DOCUMENT# P01000080412

Current Principal Place of Business:

Entity Name: MOSF, INC.

FILED Apr 19, 2005 Secretary of State

150 MARION OAKS BLVD OCALA, FL 34473				
Current Mailing Address:	New Mailing Address:			
PO BOX 11043 OCALA, FL 34473	150 MARION OAKS BLVD OCALA, FL 34473			
FEI Number: 59-3739397 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:			
NAPOLES, PETE 29439 DAVID COURT TAVARES, FL 32778 US	DIEZ, GEORGE 139 FAITH WAY JUPITER, FL 33458 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: GEORGE DIEZ				

Name:

OFFICERS AND DIRECTORS:

DIEZ, GEORGE

Title:

Name:

Election Campaign Financing Trust Fund Contribution ().

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Date

New Principal Place of Business:

City-St-Zip:	JUPITER, FL 33458	City-St-Zip:	
Jity-St-Zip.	00FITER, TE 33430	City-St-Zip.	
Γitle:	V () Delete	Title:	() Change () Addition
Name:	NAPOLES, PETE	Name:	
\ddress:	PO BOX 939	Address:	
City-St-Zip:	TAVARES, FL 32778	City-St-Zip:	
Γitle:	T () Delete	Title:	() Change () Addition
Name:	DIEZ, VIVIAN	Name:	
Address:	139 FAITH WAY	Address:	
City-St-Zip:	JUPITER, FL 33458	City-St-Zip:	
Γitle:	S () Delete	Title:	() Change () Addition
Name:	NAPLOES, CARMEN	Name:	
\ddress:	PO BOX 939	Address:	
City-St-Zip:	TAVARES, FL 32778	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: GEORGE DIEZ P 04/19/2005