

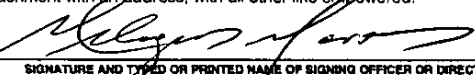


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90173 027 ***150.00

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # P02000010129 1. Entity Name MOLKO CASA, INC. | | | |  | |
| Principal Place of Business 3708 SW 50TH ST HOLLYWOOD, FL 33312 | | | Mailing Address 3708 SW 50TH ST HOLLYWOOD, FL 33312 | | |
| 2. Principal Place of Business 3708 SW 50 COURT | | 3. Mailing Address 3708 SW 50 COURT | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Hollywood, FL | | City & State Hollywood, FL | | 4. FEI Number 71-0865096 | |
| Zip 33312 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MAVARES MOLKO, MILAGROS 3708 SW 50TH ST HOLLYWOOD, FL 33312 | | | 7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 3708 SW 50 COURT City Hollywood FL Zip Code 33312 | | |
| 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 4/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY - ST - ZIP | PT MAVARES MOLKO, MILAGROS 3708 SW 50TH ST HOLLYWOOD, FL 33312 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPS MOLKO, MARCO 3708 SW 50TH ST HOLLYWOOD, FL 33312 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 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:  | | | Date 4/27/05 (954) 3644900 | | |