


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

03-23-2004 90014 028 ***158.75

DOCUMENT # <u>P02000112963</u>	
1. Entity Name <u>Molloy Interiors Inc.</u>	

DO NOT WRITE IN THIS SPACE

66415043

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1123 Crestwood Blvd.</u>		3. Mailing Address <u>1123 Crestwood Blvd.</u>	
Suite, Apt. #, etc. <u>1</u>		Suite, Apt. #, etc. <u>1</u>	
City & State <u>Lake Worth FL.</u>		City & State <u>FL.</u>	
Zip <u>33461</u>	Country <u>USA</u>	Zip <u>33461</u>	Country <u>USA</u>
4. FEI Number <u>04-3723743</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Kevin C Molloy</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1123 Crestwood Blvd. Ste #1</u>
City <u>Lake Worth FL.</u>
State <u>FL</u>
Zip Code <u>33460</u>

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]

(NOTE: Registered Agent signature required when reinstating)

3/17/04
DATE

January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE <u>President</u>	NAME <u>Kevin C Molloy</u>	TITLE <u></u>	NAME <u></u>
STREET ADDRESS <u>1706 W. N. St</u>	STREET ADDRESS <u></u>	STREET ADDRESS <u></u>	STREET ADDRESS <u></u>
CITY-ST-ZIP <u>Lake Worth FL 33466</u>	CITY-ST-ZIP <u></u>	CITY-ST-ZIP <u></u>	CITY-ST-ZIP <u></u>
TITLE <u></u>	NAME <u></u>	TITLE <u></u>	NAME <u></u>
STREET ADDRESS <u></u>	STREET ADDRESS <u></u>	STREET ADDRESS <u></u>	STREET ADDRESS <u></u>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04
Date

561 501 6986
Daytime Phone #

CR2E034B (12/02)