2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2005 08:00 AM DOCUMENT # P03000074964 **Secretary of State** 1. Entity Name MOH GOLF, INC. Principal Place of Business Mailing Address 3989 SW 141 AVE DAVIE FL 33330 3399 NW 72ND AVE. SUITE 219 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FE! Number Applied For 61-1458002 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOH, SALLY Street Address (P.O. Box Number is Not Acceptable) 3989 SW 141 AVE DAVIE FL 33330 Zip Code FL 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, typed or printed name of registered agent and title if applicable INOTE Registered Agent signature required when reinstating? DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ☐ Delete THLE ☐ Change Addition NAME MOH, SALLY NAME STREET ADDRESS 3989 SW 141 AVE STREET ADDRESS CHY-ST-ZIP DAVIE FL 33330 CITY-SI-ZIP HILE ☐ Delete Change ☐ Addition U00000291381 04/07/05-80028-013 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP THE ☐ Delete fill F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZF TITLE ☐ Delete HHE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS C114-ST-21P CITY-ST-ZIP ☐ Delete Trial Change ☐ Addition NAME STREET ADDRESS STREET AUDRESS CITY-ST-INP CITY-ST-71P TITLE ☐ Delete Hilli ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C44-51-78 CITY-ST-ZIP

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/05 854-472-2009

FILED