

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082962

Entity Name: DR. MOVERS, INC.

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

6005 STIRLING RD
SUITE #101
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

6005 STIRLING RD
SUITE #101
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 20-0119791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROFFE, DORIT
6005 STIRLING RD
101
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROFFE, DORIT
Address: 6005 STIRLING RD SUIT 101
City-St-Zip: DAVIE, FL 33314

Title: V () Delete
Name: ROSMAN, ELAD
Address: 6005 STIRLING RD SUIT 101
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ROFFE, DORIT
Address: 6005 STIRLING RD SUIT 101
City-St-Zip: DAVIE, FL 33314

Title: VPAD (X) Change () Addition
Name: ROSMAN, ELAD
Address: 6005 STIRLING RD SUIT 101
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DORIT ROFFE

PRES

04/24/2008

Electronic Signature of Signing Officer or Director

Date