
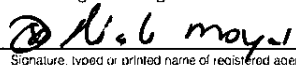
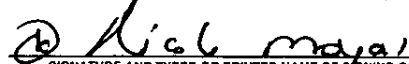


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90004 048 ***150.00

DOCUMENT # P03000099747			
1. Entity Name MOYAL CORP			
Principal Place of Business 11793 WEST ATLANTIC BLVD SUITE 22 CORAL SPRINGS, FL 33071		Mailing Address 11793 WEST ATLANTIC BLVD SUITE 22 CORAL SPRINGS, FL 33071	
2. Principal Place of Business 7335 N.W. 83RD AVE Suite, Apt. #, etc.		3. Mailing Address 7335 N.W. 83RD AVE Suite, Apt. #, etc.	
City & State TAMARAC FL Zip 33321 Country U.S.		City & State TAMARAC FL Zip 33321 Country U.S.	
4. FEI Number 20-0219282		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOYAL, NICOLE 11793 WEST ATLANTIC BLVD SUITE 22 CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name NICOLE MOYAL Street Address (P.O. Box Number is Not Acceptable) 7335 N.W. 83RD AVE City TAMARAC FL Zip Code 33321	
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. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS MOYAL, NICOLE 11793 WEST ATLANTIC BLVD SUITE 22 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS NICOLE MOYAL 7335 N.W. 83RD AVE TAMARAC FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date NICOLE MOYAL Daytime Phone #	

54070703



07152004 Chg-P CR2E034 (10/03)

Attachment
54070703

Division of Corp
Tallahassee, Florida

8/26/04

Re: Moyal Corp

#p03000099747

Dear Sirs,

Please accept our check for \$150.00 for 2004 annual report. We are asking for an abatement of penalties due to the fact that we had moved and our mail was never forwarded to us.

1

Sincerely,

Nicole Moyal, president

Nicol Moyal