2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012128

Entity Name: MO FAMILY, INC.

Address:

City-St-Zip: OCALA, FL 34476

4128 SW 102ND LANE ROAD

FILED Jun 27, 2005 Secretary of State

| Current Principal Place of Business: | | New Principal Place | New Principal Place of Business: | |
|---|---|---|---|--|
| 19800 SW MIAMI, FL | ¹ 180TH AVENUE #95 33187 | | | |
| Current N | lailing Address: | New Mailing Address | s: | |
| 19800 SW MIAMI, FL | ⁷ 180TH AVENUE #95 33187 | | | |
| FEI Number | : FEI Number Applied For (> | () FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | l Address of Current Registered Ager | nt: Name and Address o | of New Registered Agent: | |
| 46 NW 12 MIAMI, FL | | | | |
| | e named entity submits this statement for e of Florida. | the purpose of changing its registered | d office or registered agent, or both | |
| SIGNATU | | | | |
| | Electronic Signature of Registere | d Agent | Date | |
| | ice with s. 607.193(2)(b), F.S., the corporation mpaign Financing Trust Fund Contribution() | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO | |
| Title: Name: Address: City-St-Zip: | P () Delete MADRUGA, MIRIAM 46 NW 125TH AVENUE MIAMI, FL 33182 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | V () Delete INTAGLIATA, MARIA 6185 PLAINS DRIVE GREENACRES, FL 33463 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete NUNEZ, OCTAVIO 4714 WINDFLOWER CIRCLE TAMPA, FL 336241175 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () Delete NUNEZ, OSCAR 10380 NE HWY 314 SILVER SPRINGS, FL 34488 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | D () Delete NUNEZ, ONEL | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: MIRIAM MADRUGA P 06/27/2005