


2005 FOR PROFIT CORPORATION ANNUAL REPORT

4 **FILED**
May 04, 2005 8:00 am
Secretary of State

04-04-2005 90088 004 ***150.00

DOCUMENT # P04000061392					
1. Entity Name MOE'S QUALITY WOODWORKING INC					
Principal Place of Business 1200 STIRLING ROAD #5A & B DANIA, FL 33004			Mailing Address 1200 STIRLING ROAD #5A & B DANIA, FL 33004		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1017289	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				Additional Fee Required \$8.75	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name JEHALUDI, SANDRA			Name		
Street Address (P.O. Box Number is Not Acceptable) 7912 VENETIAN STREET MIRAMAR, FL 33023			Street Address (P.O. Box Number is Not Acceptable)		
City FL			City		
Zip Code			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JEHALUDI, MOHAMED		NAME		
STREET ADDRESS	7912 VENETIAN STREET		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JEHALUDI, SANDRA		NAME		
STREET ADDRESS	7912 VENETIAN STREET		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Sandra A. Jehaludi</u> <u>Sandra A. Jehaludi</u> 3/31/05 954-478-8908					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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