

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064015

Entity Name: MOIS CORPORATION

FILED
Apr 03, 2006
Secretary of State

Current Principal Place of Business:

MYSTIC POINTE TOWER 100
19195 MYSTIC POINTE DRIVE, LPH08
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

MYSTIC POINTE TOWER 100
19195 MYSTIC POINTE DRIVE, LPH08
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 26-0084111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBO, JAMES V
2020 NE 163RD STREET #300
NORTH MIAMI BEACH, FL 33162 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: DPT () Delete
Name: SALMUN, MANUEL S DPT
Address: 19195 MYSTIC POINTE DRIVE, LPH08
City-St-Zip: AVENTURA, FL 33180

Title: DVPS () Delete
Name: SALMUN, MOISES S DVPS
Address: 19195 MYSTIC POINTE DRIVE, LPH08
City-St-Zip: AVENUTRA, FL 33180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MOISES SALMUN

DVPS

04/03/2006

Electronic Signature of Signing Officer or Director

Date