## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000115368**

1. Entity Name MOAB 2, INC.



FILED Feb 08, 2007 08:00 AN Secretary of State

Principal Place of Business

6767 N.E. 4TH AVE. MIAMI, FL 33138

Mailing Address

6767 N.E. 4TH AVE. MIAMI, FL 33138



## DO NOT WRITE IN THIS SPACE

01212007 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0198170 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

HACHEM, MOHAMAD 6767 N.E. 4TH AVE. MIAMI, FL 33138

## DO NOT WRITE IN THIS SPACE

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  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finant Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HACHEM, MOHAMMAD 6767 N.E. 4TH AVE. MIAMI, FL 33138				U00000626841 02/15/07-80037-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			;
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP					, ,
TITLE NAME STREET ADDRESS		111111111111111111111111111111111111111			

12. I hereby certify that the information subclied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or subplemental report is type kind 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 attact melt with an address, with all gater like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

23 0

(305)757-0206

Daytime Phone #