

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000016026

FILED  
Sep 15, 2008  
Secretary of State

Entity Name: MOLD MEDIC SERVICES INC.

## Current Principal Place of Business:

9A SE 11TH AVE  
POMPANO BEACH, FL 33060

## New Principal Place of Business:

## Current Mailing Address:

9A SE 11TH AVE  
POMPANO BEACH, FL 33060

## New Mailing Address:

FEI Number: 11-3742560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUTBUL, MEIR Y  
10531 NW 10TH COURT  
PLANTATION, FL 33322 US

## Name and Address of New Registered Agent:

BEN-ZAKEN, SHMUEL  
7883 NW 60TH LANE  
PARKLAND, FL 33067 US

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: SHMUEL BEN-ZAKEN

09/15/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: BUTBUL, MEIR Y  
Address: 10531 NW 10TH COURT  
City-St-Zip: PLANTATION, FL 33322

Title: VP/D (X) Delete  
Name: BENZAKEN, SHMUEL  
Address: 7883 NW 60 LANE  
City-St-Zip: PARK LAND, FL 33067

Title: T (X) Delete  
Name: BUTBUL, MEIR . Y  
Address: 10531 NW 10TH COURT  
City-St-Zip: PLANTATION, FL 333322

Title: S (X) Delete  
Name: BENZAKEN, SHMUEL  
Address: 7883 NW 60 LANE  
City-St-Zip: PARK LAND, FL 33067

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BEN-ZAKEN, SHMUEL  
Address: 7883 NW 60TH LANE  
City-St-Zip: PARKLAND, FL 33067

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

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 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: SHMUEL BEN-ZAKEN

P

09/15/2008

Electronic Signature of Signing Officer or Director

Date