## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075664

Entity Name: MOLLOY ENTERPRISES INC.

FILED Apr 20, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

334 20TH ST., APT. 208 1860 VENICE PARK DRIVE MIAMI BCH, FL 33139

APT. #227

MIAMI, FL 33181

**Current Mailing Address: New Mailing Address:** 

334 20TH ST., APT. 208 1860 VENICE PARK DRIVE MIAMI BCH, FL 33139

APT. #227

MIAMI, FL 33181

FEI Number: 20-2910925 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOLLOY, LEE G MOLLOY, LEE G 334 20TH ST., APT. 208 MIAMI BCH, FL 33139 1860 VENICE PARK DRIVE APT. #227

US MIAMI, FL 33181 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: LEE MOLLOY 04/20/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title:

MOLLOY, LEE G Name: Name: MOLLOY, LEE G

334 20TH ST., APT. 208 1860 VENICE PARK DRIVE, APT. #227 Address: Address:

City-St-Zip: MIAMI BCH, FL 33139 City-St-Zip: MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: LEE MOLLOY PD 04/20/2006