

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000033215

Entity Name: MOS ' ART CENTER, INC.

FILED
Oct 02, 2009
Secretary of State

Current Principal Place of Business:

700 PARK AVE.
LAKE PARK, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 31041
PALM BEACH GARDENS, FL 334201041 US

New Mailing Address:

PO BOX 530127
LAKE PARK, FL 33404

FEI Number: 01-0575205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, ALAN R ESQ.
8295 NORTH MILITARY TRAIL
SUITE C
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

MOSLER, SUE-ELLEN G
201 FORESTERIA DR.
LAKE PARK, FL 33404 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: SUE-ELLEN G. MOSLER

10/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOSLER, SUE-ELLEN G
Address: 700 PARK AVENUE
City-St-Zip: LAKE PARK, FL 33403

Title: S (X) Delete
Name: SIMON, ALAN R ESQ.
Address: 8295 N. MILITARY TRAIL SUITE C
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: T (X) Delete
Name: SIMON, ALAN R ESQ.
Address: 8295 N. MILITARY TRAIL SUITE C
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOSLER, SUE-ELLEN G
Address: 201 FORESTERIA
City-St-Zip: LAKE PARK, FL 33403

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: SUE-ELLEN G. MOSLER

PRES

10/02/2009

Electronic Signature of Signing Officer or Director

Date