

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000101780

Entity Name: MOLLY PLUS INC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

18300 N MIAMI AVE
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

18300 N MIAMI AVE
MIAMI, FL 33169 US

New Mailing Address:

314 NE 27TH ST
WILTON MANORS, FL 33334 US

FEI Number: 26-3734255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPE COD MGMT SVC INC
314 NE 27TH STREET
WILTON MANORS, FL 33334 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

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 () Delete
Name: ISLAM, MONIRA
Address: 18300 N MIAMI AVE
City-St-Zip: MIAMI, FL 33169 US

Title: VP () Delete
Name: KHAN, ABIR
Address: 18300 N MIAMI AVE
City-St-Zip: MIAMI, FL 33169 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 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: ABIR KHAN

VP

05/01/2009

Electronic Signature of Signing Officer or Director

Date