

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000028523

Entity Name: ALON MOZES PA

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

20 ISLAND AVENUE - SUITE 616  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

20 ISLAND AVENUE - SUITE 616  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 45-1031960

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOZES, ALON  
20 ISLAND AVENUE - SUITE 616  
MIAMI BEACH, FL 33139 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

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: MOZES, ALON  
Address: 20 ISLAND AVENUE - SUITE 616  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP  
Name: MOZES, ALON  
Address: 20 ISLAND AVENUE - SUITE 616  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby 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 all other like empowered.

SIGNATURE: ALON MOZES

PTSD

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date