FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90146 011 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000008423

1. Entity Name:
M. MOSS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3764 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442 US	8891 NW 45TH ST CORAL SPRINGS, FL 33065-1729 US

04192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		6309 NW 66 WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PARKLAND FL	
Zip	Country	Zip 33067	Country BROWARD

4. FEI Number 65-0372186 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAURICE MOSS
8891 NW 45TH ST
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name MAURICE MOSS
Street Address (P.O. Box Number is Not Acceptable) 6309 NW 66 WAY
City PARKLAND FL Zip Code 33067

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSS, MAURICE 8891 NW 45TH STREET CORAL SPRINGS, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOSS MAURICE 6309 NW 66 WAY PARKLAND FL 33067	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M MOSS PRES 4-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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