2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# P94000068462

Entity Name: MOAMBACQUE MANAGEMENT & INVESTMENT, INC.

Current Principal Place of Business:

814 GASCON PL
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

814 GASCON PL
TAMPA, FL 33617

New Mailing Address:

FEI Number: 59-3267488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANG, ROBERT A
814 GASCON PLACE
TAMPA, FL 33617 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: LANG, WHITNEY A
Address: 814 GASCON PL
City-St-Zip: TAMPA, FL

Title: VSTD ( ) Delete
Name: LANG, ROBERT
Address: 814 GASCON PL
City-St-Zip: TAMPA, FL

Title: VD (X) Delete
Name: LANG, CHRIS
Address: 18305 CYPRESS VIEW WAY
City-St-Zip: TAMPA, FL 33647

Title: VD ( ) Delete
Name: LANG, AMANDA
Address: 814 GASCON PLACE
City-St-Zip: TAMPA, FL 33617

Title: VD ( ) Delete
Name: LANG, SCOTT
Address: 508 N. HERCHEL DR
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PSTD (X) Change ( ) Addition
Name: LANG, ROBERT
Address: 814 GASCON PL
City-St-Zip: TAMPA, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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 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: ROBERT A. LANG PSTD 01/06/2004

Electronic Signature of Signing Officer or Director — Date