

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 8:00 am
Secretary of State

02-03-2005 90042 035 ***150.00

DOCUMENT # P95000016851 1. Entity Name MOODFORM CORPORATION	
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Principal Place of Business 5001 COLLINS AVENUE #PH-2 MIAMI BEACH, FL 33140	Mailing Address 5001 COLLINS AVENUE #PH-2 MIAMI BEACH, FL 33140
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DO NOT WRITE IN THIS SPACE

66005970



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0561902	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 releasing) DATE _____

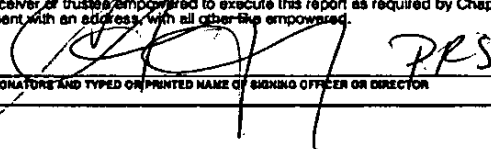
**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD MENSING, CHARMAINE 5001 COLLINS AVENUE PH-2 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENSING, JOACHIM 5001 COLLINS AVENUE PH-2 MIAMI BEACH, FL 33140
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the empowered.

SIGNATURE:  **RRS** **3-12-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #