

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000016851

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MOODFORM CORPORATION

**Current Principal Place of Business:**

5001 COLLINS AVENUE  
#PH-2  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

5001 COLLINS AVENUE  
#PH-2  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 65-0561902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      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: PSD ( ) Delete  
Name: MENSING, CHARMAINE  
Address: 5001 COLLINS AVENUE PH-2  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: MENSING, JOACHIM  
Address: 5001 COLLINS AVENUE PH-2  
City-St-Zip: MIAMI BEACH, FL 33140

**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: CHARMAINE MENSING

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

PRS

04/30/2009

\_\_\_\_\_  
Date