

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90077 011 ***158.75

DOCUMENT # P96000061120

1. Entity Name
MONEYPIT, INC.



Principal Place of Business
**201 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI, FL 33131**

Mailing Address
**201 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI, FL 33131**

24074438



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0693429

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERRELL GROUP CORPORATE SERVICES, LLC
201 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 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 PD ☐ Delete
NAME FERRELL, MILTON M JR
STREET ADDRESS 201 SOUTH BISCAYNE BLVD., STE 3400
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME FORSHEE, WILLIAM
STREET ADDRESS 220 MIRACLE MILE, SUITE 221
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE T ☒ Change ☐ Addition
NAME IBLER, GEROLD
STREET ADDRESS 201 S. BISCAYNE BLVD., SUITE 3400
CITY-ST-ZIP MIAMI, FL 33131

TITLE S ☐ Delete
NAME DA CASTIGLIONE, MAYRA C
STREET ADDRESS 201 S BISCAYNE BLVD., SUITE 3400
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mayra C. DaCastiglione
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

Date

305-371-8585
Daytime Phone #

Daytime Phone #