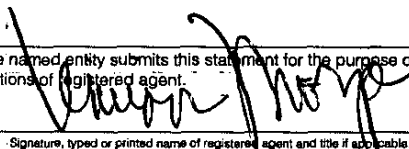
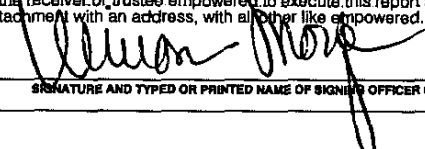


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90016 016 ***150.00

DOCUMENT # P96000073514 1. Entity Name MOYA & ASSOCIATES, INC.			
Principal Place of Business 4201 PALM AVE SUITE A HIALEAH, FL 33012 US		Mailing Address 4201 PALM AVE SUITE A HIALEAH, FL 33012 US	
2. Principal Place of Business 2140 W 68 Street Suite, Apt. #, etc. #201		3. Mailing Address 2140 W. 68 St. Suite, Apt. #, etc. #201	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33016	Country USA	Zip 33016	Country USA
4. FEI Number 65-0708593		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOYA, VIVIAN 4201 PALM AVENUE HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name MOYA, VIVIAN Street Address (P.O. Box Number is Not Acceptable) 2140 W. 68 Street #201 City Hialeah FL Zip Code 33016	
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  (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 D NAME MOYA, VIVIAN STREET ADDRESS 4201 PALM AVE #A CITY-ST-ZIP HIALEAH, FL 33012	☐ Delete	TITLE D NAME MOYA, VIVIAN STREET ADDRESS 2140 W. 68 Street #201 CITY-ST-ZIP Hialeah, FL 33016	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	

54008535



02022004 Chg-P CR2E034 (10/03)