2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-19-2004 90016 016 ***150.00

54008535

02022004 Chg-P CR2E034 (10/03)

DOCUMENT # P96000073514

1. Entity Name
MOYA & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4201 PALM AVE SUITE A HIALEAH, FL 33012 US	4201 PALM AVE SUITE A HIALEAH, FL 33012 US

2. Principal Place of Business	3. Mailing Address
2140 W 68 Street	2140 W. 68 St.
Suite, Apt. #, etc. #201	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 _____
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	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	MOYA, VIVIAN	NAME	Moya, Vivian
STREET ADDRESS	4201 PALM AVE #A	STREET ADDRESS	2140 W. 68 Street #201
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	Hialeah, FL 33016
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #