
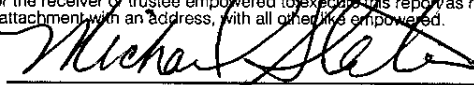


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90025 014 ***150.00

DOCUMENT # P97000043360					
1. Entity Name MOSLANDS, INC.					
Principal Place of Business 1150 NW 163 DRIVE MIAMI, FL 33169			Mailing Address 1150 N.W. 163RD DRIVE MIAMI, FL 33169		
2. Principal Place of Business 16000 NW 59TH AVE Suite, Apt. #, etc. #104		3. Mailing Address 16000 NW 59TH AVE Suite, Apt. #, etc. #104			
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL		4. FEI Number 65-0759802	
Zip 33014		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOLINA, ALBERT 1160 N.W. 163RD DRIVE MIAMI, FL 33169			7. Name and Address of New Registered Agent Name: "Same" Street Address (P.O. Box Number is Not Acceptable) 16000 NW 59TH AVE, #104 City: MIAMI LAKES, FL Zip Code: 33014		
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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME MOLINA, ALBERT		<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1150 NW 163 DR	MIAMI, FL 33169			STREET ADDRESS 16000 NW 59TH AVE, #104	MIAMI LAKES, FL 33014
CITY-ST-ZIP MIAMI, FL 33169				CITY-ST-ZIP MIAMI LAKES, FL 33014	
TITLE VPD	NAME SLATON, MICHAEL		<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1150 NW 163RD DR	MIAMI, FL 33169			STREET ADDRESS 16000 NW 59TH AVE, #104	MIAMI LAKES, FL 33014
CITY-ST-ZIP MIAMI, FL 33169				CITY-ST-ZIP MIAMI LAKES, FL 33014	
TITLE STD	NAME SANDS, STEVE		<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1150 NW 163RD DR	MIAMI, FL 33169			STREET ADDRESS 16000 NW 59TH AVE, #104	MIAMI LAKES, FL 33014
CITY-ST-ZIP MIAMI, FL 33169				CITY-ST-ZIP MIAMI LAKES, FL 33014	
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			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: 			MICHAEL SLATON 4/12/04 305-917-6600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

94047237



04012004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name "Same"

Street Address (P.O. Box Number is Not Acceptable)
16000 NW 59TH AVE, #104

City MIAMI LAKES FL Zip Code 33014

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 _____

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
NAME MOLINA, ALBERT
STREET ADDRESS 1150 NW 163 DR
CITY-ST-ZIP MIAMI, FL 33169

TITLE VPD
NAME SLATON, MICHAEL
STREET ADDRESS 1150 NW 163RD DR
CITY-ST-ZIP MIAMI, FL 33169

TITLE STD
NAME SANDS, STEVE
STREET ADDRESS 1150 NW 163RD DR
CITY-ST-ZIP MIAMI, FL 33169

TITLE
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CITY-ST-ZIP

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SIGNATURE: MICHAEL SLATON 4/12/04 305-917-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #