2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050103

Entity Name: MOSS FINANCIAL, INC.

8101 SW 62ND COURT

MIAMI, FL 33143

Address:

City-St-Zip:

FILED Jan 21, 2009 Secretary of State

| y | | 147 (140) (E, 1140). | | | |
|---|--|--------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 6073 NW | 167TH ST | | | | |
| C-5 MIAMI, FL | 33015 | | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| | AEL GOLDST CE DE LEON 33134 | | | | |
| FEI Number | : 65-0758758 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| 2500 WES SUITE 404 WESTON, The above | STON ROAD I FL 33331 Us named entity | | purpose of changing its registere | ed office or registered agent, or both, | |
| | e of Florida. | | | | |
| SIGNATUI | | nic Signature of Registered Ag | ent ent | Date | |
| Election Car | | g Trust Fund Contribution (). | | 2.00 | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | STD (MOSS, MICHA PO BOX 40252 MIAMI BEACH, | 28 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PD (MOSS, SYLVIA PO BOX 40252 MIAMI BEACH, | 28 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | VP (WAYNE, BRIAI |) Delete N D | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: SYLVIA MOSS MS. 01/21/2009