

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000063380

1. Entity Name  
MOLLER MANAGEMENT, INC.



Principal Place of Business  
ONE FINANCIAL PLAZA  
SUITE 125  
FORT LAUDERDALE, FL 33394 US

Mailing Address  
ONE FINANCIAL PLAZA  
SUITE 125  
FORT LAUDERDALE, FL 33394 US



04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0776234

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BRINKLEY, MICHAEL  
200 E LAS OLAS BLVD  
STE 1900  
FT. LAUDERDALE, FL 33301-2209

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

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

U000000154578  
05/05/04-80002-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MOLLER, ANDERS  
STREET ADDRESS ONE FINANCIAL PLAZA, SUITE 125  
CITY - ST - ZIP FORT LAUDERDALE, FL 333940063

TITLE D  
NAME LU, FUMIN  
STREET ADDRESS ONE FINANCIAL PLAZA, SUITE 125  
CITY - ST - ZIP FORT LAUDERDALE, FL 333940063

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 file 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

4/27/04

954-524-0601

Date

Daytime Phone #