2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069662

Entity Name: MOLL SYSTEMS CORPORATION

FILED Jan 15, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8408 NW 17 ST. MIAMI, FL 33126 **Current Mailing Address: New Mailing Address:** 8408 NW 17 ST MIAMI, FL 33126 FEI Number: 65-0774183 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOLINARI, DIEGO GOMEZ, LILIA E 8408 NW 17 ST. 8408 NW 17 ST. US MIAMI, FL 33126 US MIAMI, FL 33126 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. SIGNATURE: /GOMEZLILIA/ 01/15/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MOLINARI, DIEGO Name: Name: 8408 NW 17 ST Address: Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: Title: DTSV Title: () Delete (X) Change () Addition MOLINARI, AMADEO J Name: Name: MOLINARI, AMADEO J 2841 NE 163 ST. APT. #710 2841 NE 163 ST. APT. #710 Address: Address: MIAMI, FL 33160 MIAMI, FL 33160 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition Name: CANCELADO, EDNA R Name: 8408 NW 17 ST. Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33126 Title: () Delete Title: () Change (X) Addition GOMEZ, LILIA E Name: Name: Address: Address: 8408 NW 17 ST. City-St-Zip: City-St-Zip: MIAMI, FL 33126

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.

SIGNATURE: /GOMEZLILIA/ D 01/15/2008