## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P97000069662

8408 NW 17 ST.

MIAMI, FL 33126

Address:

City-St-Zip:

FILED Aug 06, 2008 Secretary of State

| Entity Na                                   | me: MOLL SY  | STEMS CORPORATION                |  |  |  |
|---|--|----------------------------------|--|--|--|
| Current Principal Place of Business:        |  |                                  | New Principal Place of Business:                                   |  |  |
| 8408 NW<br>MIAMI, FL                        |  |                                  |  |  |  |
| Current Mailing Address:                    |  |                                  | New Mailing Address:   |  |  |
| 8408 NW<br>MIAMI, FL                        |  |                                  |  |  |  |
| FEI Number                                  | : 65-0774183   | FEI Number Applied For ( )       | FEI Number Not Applicable ( )                                      | Certificate of Status Desired (X)            |  |
| Name and                                    | d Address of (   | Current Registered Agent:        | Name and Address   | of New Registered Agent:                     |  |
| GOMEZ, L<br>8408 NW<br>MIAMI, FL            | 17 ST.   |                                  |  |  |  |
|   | e named entity<br>e of Florida.                        | submits this statement for the բ | ourpose of changing its registere                                  | ed office or registered agent, or both,      |  |
| SIGNATU                                     | RE:  |                                  |  |  |  |
|   | Electro  | nic Signature of Registered Ago  | ent  | Date   |  |
| OFFICERS AND DIRECTORS:                     |  |                                  | ADDITIONS/CHANG  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | P (<br>MOLINARI, DIE<br>8408 NW 17 S<br>MIAMI, FL 331  | Т                                | Title:<br>Name:<br>Address:<br>City-St-Zip:                        | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | TS (<br>MOLINARI, AM<br>2841 NE 163 S<br>MIAMI, FL 331 | ST. APT. #710                    | Title:<br>Name:<br>Address:<br>City-St-Zip:                        | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | V (<br>ISARES, MANU<br>8408 NW 17 S<br>MIAMI, FL 331   | т.                               | Title: V Name: BAPTISTA, Address: 8408 NW 1 City-St-Zip: MIAMI, FL |  |  |
| Title:<br>Name:                             | D (<br>GOMEZ, LILIA                                    | ) Delete<br>E                    | Title:<br>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: DIEGOMOLINARI Ρ 08/06/2008