## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P98000017091**

1. Entity Name MOSKVICH-SERVICE, INC.



Principal Place of Business

Mailing Address

HALLANDALE, FL 33009 US		HALLANDALE, FL 33	! ( <b>ar</b> )(ar) (ia	E 1981/1881 (FR 1888) 1881/1881/		
2. Principal Place of B 251-174th STREE		3. Mailing Address 251-174th STREE				
Suite, Apt. #, etc. 1412		Suite, Apt. #, etc. 1412		01242004	Chg-P	
City & State SUNNY ISLES, FL	•	City & State SUNNY ISLES, FI	4. FEI Number 65-0817112			
Zip 33160	Country US	Zip 33160	Country US	5. Certificate of		

**FILED** Mar 08, 2004 8:00 am Secretary of State

03-08-2004 90046 020 \*\*\*150.00

98819994

SUITE G HALLANDALE, FL 33009 US		SUITE Hall	470 ANSIN BLVD Suite G Hallandale, Fl 33009 US											
2. Principal Place of Business 3. 251-174th STREET		1	3. Mailing Address 251-174th STREET							HOTH THA				
Suite, Apt. #, etc. 1412		1	Suite, Apt. #, etc. 1412				01242004		Chg-P	(	CR2E03	4 (10/03)		
City & State SUNNY IS			1 -	City & State SUNNY ISLES, FL				4. FEI Numb 65-081		12				pplied For ot Applicable
Zip 33160	33160 Country US		Zip	Zip 33160 Count		try US	5. Certificate of Status Desired			d i	See Required			
	6. Name	and Address of Current	Registere	gistered Agent				7. Name and Address of New Registered Agent						
AMERILAWYER				•		Name Street Address (P.O. Box Number is Not Acceptable)								
343 ALMERIA AVENUE CORÀL GABLES, FL 33134														
ij						City						FL	Zip Cod	de .
The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.							register	ed agent, or bo	oth, ir	n the State of	Florida		miliar with	, and accept
SIGNATURE_	<u>-</u>	or printed name of registered agent.	and title if appli	icable. (NOTE	: Registere	d Agent signati	ure required	when reinstating)				DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				ncing	<b>\$5.</b> Add	00 May Be ed to Fees								
10.		OFFICERS AND	DIRECTOR	RS	11.			ADDITIONS	CH.	ANGES TO C	OFFICE	RS AND I	DIRECTOR	RS IN 11
TITLE	PSTD			☐ Delete	TITLI	E	Р						× Change	☐ Addition
NAME	AME SEMENTSOV, ANDREY V			NAME		Ε	SEMEN	SEMENTSOV, ANDREY V						
STREET ADDRESS 470 ANSIN BLVD., SUITE G					ET ADDRESS	251-174	Ith STREET APT	Г. #14	12			•	·	
CITY-ST-ZIP	CITY-ST-ZIP HALLANDALE, FL 33009				CITY	'-ST-ZIP	SUNN	YISLES FL	3316	50				
TITLE				Delete TITLE		E							☐ Change	Addition
NAME	ME				NAM									
STREET ADDRESS	1					ET ADDRESS								
CITY-ST-ZIP	CITY-ST-ZIP				CITY	-ST-ZIP								
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STREET ADDRESS CITY-ST-ZIP					1	-ST-ZIP								
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STREET ADDRESS				•	EET ADDRESS									
CITY-ST-ZIP	1				■ CITY	/- ST- ZIP	1							

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:

ANDREY SEMENTSOV SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/2004

786.488.2506

Daytime Phone #