
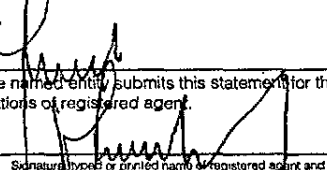
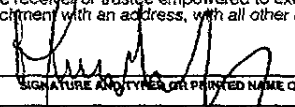


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000086303		
1. Entity Name MOLANO HOLDINGS, INC.		
Principal Place of Business 4625 UNIVERSITY DRIVE POMPAHO BEACH, FL 33067		Mailing Address 1203 UNIVERSITY DR CORAL SPRINGS, FL 33071
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MOLANO, MARCO 4625 UNIVERSITY DRIVE CORAL SPRINGS, FL 33067		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  (NOTE Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOLANO, MARCO 4625 UNIVERSITY DRIVE CORAL SPRINGS, FL 33067	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/7/05 954 796 0061. Date Daytime Phone #



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0775216

Applied For
Not Applicable

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

11070000305130
04/14/05-80067-009 150.00

**DO NOT WRITE
IN THIS SPACE**