

FILED
Mar 22, 2004 08:00 AM
Secretary of State

1. Entity Name
MOXWOOD USA INC.



Mailing Address
1900 S HARBOR CITY BLVD
SUITE 115
MELBOURNE, FL 32901 US

DO NOT WRITE IN THIS SPACE



03112004 No Chg-P CR2E034 (10/03)

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| 59-3550967 | Not Applicable |

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

B. Name and Address of Current Registered Agent

KOSTRO, VICTOR S
1825 RIVERVIEW DR.
MELBOURNE, FL 32901

**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 reinstating)

DAT

~~1100000093450~~

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

03/22/04-80018-014 158.75

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------------------|
| TITLE | D |
| NAME | KEARNS, NEVILLE |
| STREET ADDRESS | 58 SANDER RD. NEW GERMANY KWAZULU NATAL |
| CITY-ST-ZIP | SOUTH AFRICA. |

| | |
|-----------------|------------------------|
| TITLE | PSTD |
| NAME | BINAI, EDWARD |
| STREET ADDRESS | 540 E. FRANKLYN AVE. |
| CITY - ST - ZIP | INDIANLANTIC, FL 32903 |

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

**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 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

3-20-04 321-952-7205