

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90455 038 ***150.00

DOCUMENT # P99000013215

1. Entity Name
MOFFAT INTERNATIONAL COPORATION



Principal Place of Business
**4201 S. DIXIE HWY
WEST PALM BEACH, FL 33405**

Mailing Address
**4201 S. DIXIE HWY
WEST PALM BEACH, FL 33405**

44036413

2. Principal Place of Business
5220 So FEDERAL HWY

3. Mailing Address
5220 So FEDERAL HWY

Suite, Apt. #, etc.
US 1

City & State
FT PIERCE FL

Zip
34982

Country
USA



04072004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0896148

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, MAFATLAL
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY, FL 34228

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)
5220 So FEDERAL HWY

Suite, Apt. #, etc.
US 1

City
FT PIERCE

State
FL

Zip Code
34982

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]* (NOTE: Registered Agent signature required when reinstating) DATE

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, MAFATLAL 4134 GULF OF MEXICO DRIVE, SUITE 302 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5220 So FEDERAL HIGHWAY US 1 FT PIERCE FL 34982
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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: *M. R. Patel* 4/22/04 772 461 7031.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #