

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 190741

**Entity Name:** MOUW ASSOCIATES, INC.

**Current Principal Place of Business:**

409 NE 3RD STREET  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

409 NE 3RD STREET  
DELRAY BEACH, FL 33483 US

**FEI Number:** 59-0761310

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MOUW, ARMAND  
409 NE 3RD STREET  
DELRAY BEACH, FL 33483 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            ST  
Name            ARNOLD B. SMITH  
Address        409 NE 3RD ST.  
City-State-Zip: DELRAY BEACH FL

Title            CB  
Name            MOUW, ARMAND  
Address        409 NE 3RD ST  
City-State-Zip: DELRAY BCH FL 33483

Title            P  
Name            MOUW, RICHARD  
Address        409 NE 3RD STREET  
City-State-Zip: DELRAY BEACH FL

Title            V  
Name            SMITH, ARNOLD  
Address        409 NE 3RD STREET  
City-State-Zip: DELRAY BEACH FL

*I hereby 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 all other like empowered.*

**SIGNATURE:** ARMAND MOUW

**CB**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date