

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 190741

Entity Name: MOUW ASSOCIATES, INC.**Current Principal Place of Business:**601 N CONGRESS AVENUE
SUITE 109
DELRAY BEACH, FL 33445**Current Mailing Address:**601 N CONGRESS AVENUE
SUITE 109
DELRAY BEACH, FL 33445 US**FEI Number:** 59-0761310**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MOUW, ARMAND
601 N CONGRESS AVENUE
SUITE 109
DELRAY BEACH, FL 33445 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	WEAVER, JOSHUA S
Address	601 N CONGRESS AVENUE SUITE 109
City-State-Zip:	DELRAY BEACH FL 33445

Title	CB
Name	MOUW, ARMAND
Address	601 N CONGRESS AVENUE SUITE 109
City-State-Zip:	DELRAY BEACH FL 33445

Title	P
Name	MOUW, RICHARD
Address	601 N CONGRESS AVENUE SUITE 109
City-State-Zip:	DELRAY BEACH FL 33445

Title	V
Name	WEAVER, JOSHUA S
Address	601 N CONGRESS AVENUE SUITE 109
City-State-Zip:	DELRAY BEACH FL 33445

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: RICHARD MOUW**PRESIDENT****01/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date