


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90298 005 ***158.75

DOCUMENT # 173280

1. Entity Name
L. C. MORRIS, INC.



Principal Place of Business
 14400 N.W. 102 AVE.
 MIAMI, FL 33016 US

Mailing Address
 P.O. BOX 5000
 HIALEAH, FL 33014 US

94049046

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
3355 N.W. 41 ST
 Suite, Apt. #, etc.

City & State
MIAMI FL 33142

Zip
33142

Country
MIAMI-DADE

03302004 Chg-P CR2E034 (10/03)

4. FEI Number
59-0694326

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MIJARES, JULIA J
9995 N.W. 130 ST.
HIALEAH GARDENS, FL 33016

7. Name and Address of New Registered Agent

Name **JULIA J. MIJARES**

Street Address (P.O. Box Number is Not Acceptable)
3355 N.W. 41 ST

City **MIAMI** FL Zip Code **33142**

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]* DATE **4/7/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSD MIJARES, JULIA J 9995 N.W. 130 ST. HIALEAH GARDENS, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIJARES, JULIA 3355 N.W. 41 ST MIAMI FL 33142 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **305, 617-5767**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #