

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                 |                                                                                                                               |                                                                                   |  |
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| <b>DOCUMENT # P02000049685</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                 |                                                                                                                               |                                                                                   |  |
| <b>1. Entity Name</b><br>A.J. MORALES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                 |                                                                                                                               |                                                                                   |  |
| <b>Principal Place of Business</b><br>10841 N.W. 7TH STREET #21<br>MIAMI, FL 33172                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                 | <b>Mailing Address</b><br>10841 N.W. 7TH STREET #21<br>MIAMI, FL 33172                                                        |                                                                                   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                 | <b>3. Mailing Address</b>                                                                                                     |                                                                                   |  |
| Suite, Apt. #, etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                 | Suite, Apt. #, etc                                                                                                            |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                 | City & State                                                                                                                  |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          | Country                         |                                                                                                                               | Zip                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          | Country                         |                                                                                                                               |                                                                                   |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                 |                                                                                                                               | <b>7. Name and Address of New Registered Agent</b>                                |  |
| MORALES, ANTONIO J<br>10841 N.W. 7TH STREET #21<br>MIAMI, FL 33172                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                 |                                                                                                                               | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                 |                                                                                                                               |                                                                                   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                 |                                                                                                                               |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                 | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                  |                                                                                   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD<br>MORALES, ANTONIO J<br>10841 N.W. 7TH STREET #21<br>MIAMI, FL 33172 | <input type="checkbox"/> Delete |                                                                                                                               |                                                                                   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          | <input type="checkbox"/> Delete |                                                                                                                               |                                                                                   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          | <input type="checkbox"/> Delete |                                                                                                                               |                                                                                   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          | <input type="checkbox"/> Delete |                                                                                                                               |                                                                                   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          | <input type="checkbox"/> Delete |                                                                                                                               |                                                                                   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          | <input type="checkbox"/> Delete |                                                                                                                               |                                                                                   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          | <input type="checkbox"/> Delete |                                                                                                                               |                                                                                   |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b> |                                                                          |                                 |                                                                                                                               |                                                                                   |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                 | <b>2/19/08</b> <b>7862560523</b>                                                                                              |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                 | Date Daytime Phone #                                                                                                          |                                                                                   |  |