

ANNUAL REPORT

DOCUMENT # P03000108756

1. Entity Name
MORARU INVESTMENT CORP.



FILED
Feb 09, 2004 08:00 AM
Secretary of State

Principal Place of Business
1697 PASION VISION CIRCLE
WESTON, FL 33326

Mailing Address
1697 PASION VISION CIRCLE
WESTON, FL 33326



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132004 Chg-P CR2E034 (10/03)

4. FEI Number
161685306

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRERO, GLORIA
1697 PASION VISION CIRCLE
WESTON, FL 33326

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(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

TITLE P ☐ Delete
NAME RADULESCU, SILVIA
STREET ADDRESS 1697 PASSION VINE CIRCLE
CITY-ST-ZIP WESTON, FL 33326

TITLE V ☐ Delete
NAME CHALBAUD, LISETTE
STREET ADDRESS 1697 PASSION VINE CIRCLE
CITY-ST-ZIP WESTON, FL 33326

TITLE S ☐ Delete
NAME CHALBAUD, ALBERTO
STREET ADDRESS 1697 PASSION VINE CIRCLE
CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME U000000041412
STREET ADDRESS 02/09/04-80088-009 150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/04

Florida Statute 607