

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90481 004 ***150.00

DOCUMENT # P03000147622
 1. Entity Name
 MOREX INTERNATIONAL CORP.



Principal Place of Business Mailing Address
 2630 NW 75 AVE. 2630 NW 75 AVE.
 MIAMI, FL 33122 MIAMI, FL 33122

50017847



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04212006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For
 NOT APPLICABLE Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 MORENO, ADOLFO
 2630 NW 75 AVE.
 MIAMI, FL 33122

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number's 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 of the current registered agent and the board of directors (If the registered agent is a corporation, the signature of the president or other officer authorized to sign)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | PD MORENO, ADOLFO 11552 SW 100 AVE. MIAMI, FL 33176 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VD MORENO, PILAR 11552 SW 100 AVE. MIAMI, FL 33176 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-06 305-596-0694
 Date Date the Report is Filed