

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90027 037 \*\*\*150.00

<b>DOCUMENT # P06000132335</b>					
<b>1. Entity Name</b> <b>M &amp; M MORALES CORP.</b>					
<b>Principal Place of Business</b> 6303 BLUE LAGGON DRIVE STE 390 MIAMI, FL 33126			<b>Mailing Address</b> 6303 BLUE LAGGON DRIVE STE 390 MIAMI, FL 33126		
<b>2. Principal Place of Business - No P.O. Box #</b> 9707 W. Bernard Blvd.		<b>3. Mailing Address</b> 9707 W. Bernard Blvd.			
Suite, Apt. #, etc. City & State Zip		Suite, Apt. #, etc. City & State Zip		03152008    Chg-P    CR2E034 (12/06)	
FL 33324		FL 33324		<b>4. FEI Number</b> 20 5745983 APPLIED FOR	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MARQUEZ & MARCELO-ROBAINA, P.A. 6303 BLUE LAGGON DRIVE STE 390 MIAMI, FL 33126			<b>7. Name and Address of New Registered Agent</b> Name: MARCO MORALES Street Address (P.O. Box Number is Not Acceptable): 11837 SW 12 ST City: Pembroke Pines FL    Zip Code: 33025		
<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: <u>[Signature]</u> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORALES, MARCO 17600 NE 8TH CT MIAMI, FL 33162	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORALES, MARCO 11837 SW 12 ST Pembroke Pines FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FIGUEROA, MARTHA L 1200 NE MIAMI GARDENS DRIVE APT # 601 NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FIGUEROA, MARTHA L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<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> <u>[Signature]</u> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> Date: _____    Daytime Phone #: _____					