## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # D00000122225	Secretary or State
DOCUMENT # P06000132335  1. Entity Name M & M MORALES CORP.	04-03-2008 90027 037 ***150.00
·	l l
Principal Place of Business Mailing Address	
6303 BLUE LAGGON DRIVE 6303 BLUE LAGGON DRI STE 390 STE 390	VE
MIAMI, FL 33126 MIAMI, FL 33126	1 (45)  51   10   51  5   57     52  1   53  1   1055   110    1055   1156   1151   1156   1151   1156   1151
2. Principal Place of Business No P.O. Box # 3 Mailing Address	Soward Blod !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
Suite, Apt. #, etc.  Suite, Apt. #, etc.	03152008 Chg-P CR2E034 (12/06)
Colfs State Citys State	4. FEI Number 2 57 459 83 Applied For Applied For Not Applied For
Zip Country Zip Total 3 3 3 2 4	Country  5. Certificate of Status Desired  \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARQUEZ & MARCELO-ROBAINA, P.A.	MARCO Morates.
6303 BLUE LAGGON DRIVE	Street Address (P.O. Box Number is Not Acceptable)
STE 390 MIAMI, FL 33126	
	City Jemsonke Jim FL Zip Code 025
The above named entity submits this statement for the purpose of changing its return the obligations of registared agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
Xum Usa-	
SIGNATURE Signature, typed or printed name of registered agent and bile if applicable. (NOTE:	Registered Agent signature required when reinstating)  DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaig Trust Fund Contril	
10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE DP Delete	
L MADALES MADOO	TITLE Change Addition
NAME MORALES, MARCO : STREET ADDRESS 17600 NE 8TH CT	NAME STREET ADDRESS 11827 SW 1257
STREET ADDRESS 17600 NE 8TH CT CITY-SI-ZIP MIAMI, FL 33162	NAME STREET ADDRESS  CITY-ST-ZIP  Pemberake Ping P2 33026
STREET ADDRESS 17600 NE 8TH CT	NAME STREET ADDRESS 11827 SW 1257
STREET ADDRESS 17600 NE 8TH CT CITY-S1-ZIP MIAMI, FL 33162  TITLE DS Delete NAME FIGUEROA, MARTHA L STREET ADDRESS 1200 NE MIAMI GARDENS DRIVE APT # 601	NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS  CITY-ST-ZIP  FIGURE ALL CITY GR 33025  TITLE  NAME STREET ADDRESS
STREET ADDRESS 17600 NE 8TH CT CITY-S1-ZIP MIAMI, FL 33162  TITLE DS Delete NAME FIGUEROA, MARTHA L	NAME STREET ADDRESS CITY-ST-ZIP  Finkrake Ding Pa 3302  TITLE  NAME  FIGURE A MARTHAL  Prohange Addition
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STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

NAME STREET ADDRESS

SIGNATURE: \_

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #