

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000062531

1. Entry Name
MOROCCO FINANCE CORP.



Principal Place of Business
**9601 COLLINS AVE
STE 510
BAL HARBOUR, FL 33154-2211**

Mailing Address
**9601 COLLINS AVE
STE 510
BAL HARBOUR, FL 33154-2211**



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0435290

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ELKAIM, COUNT DE S.G.
9601 COLLINS AVE
STE 510
BAL HARBOUR, FL 33154-2211**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
NAME	ELKAIM, COUNT DE S.G.
STREET ADDRESS	9601 COLLINS AVENUE SUITE 510
CITY- ST- ZIP	MIAMI, FL 33154
TITLE	S
NAME	ELKAIM, COUNTESS DE SG
STREET ADDRESS	9604 COLLINS AVENUE STE 510
CITY- ST- ZIP	MIAMI, FL 33154
TITLE	V
NAME	ELKAIM, ESTHER DE S.G.
STREET ADDRESS	9601 COLLINS AVE, STE 510
CITY- ST- ZIP	BAL HARBOUR, FL 331542211
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/05/08-80092-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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: COUNT DE S.G. ELKAIM (PRESIDENT)

01-23-2008

800 734 81 72

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #