


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P93000062531 1. Entry Name MOROCCO FINANCE CORP.	
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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
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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 <input type="checkbox"/>	\$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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELKAIM, COUNT DE S.G. 9601 COLLINS AVENUE SUITE 510 MIAMI, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELKAIM, COUNTESS DE SG 9604 COLLINS AVENUE STE 510 MIAMI, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELKAIM, ESTHER DE S.G. 9601 COLLINS AVE, STE 510 BAL HARBOUR, FL 331542211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 #