

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000065173

1. Entity Name  
MORPHIL CORPORATION



Principal Place of Business  
240 E 5TH STREET  
HIALEAH, FL 33010

Mailing Address  
12221 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4182435  Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GINSPARG, NORMAN J  
12221 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161

**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 reinstating)

DATE

**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

000000474557

04/04/06-80028-013 150.00

10. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | DP                     |
| NAME           | ESFORMES, PHILIP       |
| STREET ADDRESS | 6865 N. LINCOLN AVENUE |
| CITY-ST-ZIP    | LINCOLNWOOD, IL 60712  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

Philip Esformes

3-17-06