

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90055 024 ***150.00

DOCUMENT # 416153

1. Entity Name

Morano Realty, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3500 Mystic Pointe Dr. #1006

3. Mailing Address

P. O. Box 7

40129627

CR2E034B (8/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aventura, Fl.

City & State

Hallandale, Fl.

4. FEI Number

59-1431921

Applied For

Not Applicable

Zip

33180

Country

Dade

Zip

33008

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

James Morano

Street Address (P.O. Box Number is Not Acceptable)

3500 Mystic Pointe Dr. #1006

City

Aventura,

FL

Zip Code

33180

**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

James Morano

8/16/07

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD James Morano P. O. Box 7 Hallandale, Fl. 33008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Stella Morano P. O. Box 7 Hallandale, Fl. 33008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James Morano

James Morano, Pres.

8/16/07

305-785-6959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-682-1934

40129627

416153

**REALTOR®**

OFFICE: ~~201-111-XXXX-XXXX-XXXX-XXXX~~
3500 Mystic Pointe Dr. #1006
Aventura, Fl. 33180

mailing address:
P.O. BOX 7 HALLANDALE, FL 33008

James Morano, Pres.