

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

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90374 006 ***150.00

DOCUMENT # 416153

1. Entity Name

MORANO REALTY, INC.



DO NOT WRITE IN THIS SPACE

40085971

CR2E034B (8/05)

2. Principal Place of Business

3500 Mystic Pointe Dr.

Suite, Apt. #, etc.

#1006

3. Mailing Address

P. O. Box 7

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

Browards

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

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

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
VSD	Stella Morano	P. O. Box 7	Hallandale, Fl. 33008

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #