

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 416153

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: MORANO REALTY, INC.

**Current Principal Place of Business:**

3500 MYSTIC POINT DR  
SUITE #1006  
AVENTURE, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7  
HALLANDALE, FL 33008 US

**New Mailing Address:**

FEI Number: 59-1431921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORANO, JAMES  
3500 MYSTIC POINT DR SUITE #1006  
AVENTURE, FL 33180 US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MORANO, JAMES,  
Address: PO BOX 7  
City-St-Zip: HALLANDALE, FL 33008

Title: VSD ( ) Delete  
Name: MORANO, STELLA,  
Address: PO BOX 7  
City-St-Zip: HALLANDALE, FL 33008

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MORANO

PRES

01/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date