

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/4/20

FILED
Jun 17, 2004 8:00 am
Secretary of State

05-04-2004 90194 020 ***150.00

DOCUMENT # 510278					
1. Entry Name MORGAN INTERNATIONAL REALTY, INC.					
Principal Place of Business 2000 BISCAYNE BLVD. MIAMI, FL 33137			Mailing Address PO BOX 403667 MIAMI, FL 33140		
2. Principal Place of Business 2000 BISCAYNE BLVD. Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State MIAMI, FL			City & State		
Zip 33137		Country		4. FEI Number 59-1687703	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MUNOZ, CONNIE 1250 N.E. 125TH ST. 316 MIAMI, FL 33161			7. Name and Address of New Registered Agent Name: CONNIE MUNOZ Street Address (P.O. Box Number is Not Acceptable): 2500 N.E. 135 ST. City: MIAMI FL Zip Code: 33181		
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: <u>Connie Munoz</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORGAN, GIOCONDA PO BOX 403667 MIAMI 8CH., FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(f), 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: <u>Connie Munoz, Director</u> <u>CONNIE MUNOZ</u> <u>4/24/04</u> <u>305-576-2220</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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