

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

DOCUMENT # 848587

1. Entity Name
FIRST MORENA INVESTMENTS, INC.



07 NOV 16 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
100-1144 N UNIVERSITY DR
PEMBROKE PINES, FL 33024

Mailing Address
9651 S.W. 77TH STREET
MIAMI, FL 33173

2. Principal Place of Business - No P.O. Box #
1100-1144 N. University Dr
Suite, Apt. #, etc.

3. Mailing Address
8261 SW 124th St
Suite, Apt. #, etc.

City & State
Pembroke Pines, FL
Zip
33024
Country
USA

City & State
Miami, FL
Zip
33156
Country
USA

09072007 Chg-P CR2E034 (12/06)
REINSTATEMENT
52-1181755 Applied For Not Applicable

6. Name and Address of Current Registered Agent
ACEVEDO, JOSE A
4412 SW 86TH ST D118
MIAMI, FL 33143

7. Name and Address of New Registered Agent
Name Jose A. Acevedo
Street Address (P.O. Box Number is Not Acceptable)
8261 SW 124th St
City Miami FL Zip Code 33156

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]* DATE 10/8/07
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMANZANILLA, ILUMINDA C CALLE 67#596-70.72 MERIDA, YUC.MEXICO, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200110861452 10/15/07--01052--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *[Signature]* Iluminda C de Manzanilla 10/15/07 786-293-0619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #