

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # K40224

1. Entity Name
MORR MANUFACTURING, INC.



Principal Place of Business
**1781 SW 7TH AVE
POMPANO BEACH FL 33060
US**

Mailing Address
**1781 SW 7TH AVENUE
POMPANO BEACH FL 33060
US**



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

4. FEI Number **36-3611134**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, MARTIN J
1781 SW 7TH AVE
POMPANO BEACH FL 33060**

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
RODRIGUEZ, MARTIN J.
1781 SW 7TH AVE
POMPANO BCH, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U000000699931
04/19/07-80063-008 150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
STD
ORITZ, JULIO C.
872 S.W. 68TH AVENUE
N. LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-07 954-784-7631

Date

Daytime Phone #