


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # K64736	
1. Entity Name MOR-EL, INC.	

Principal Place of Business 23123 STATE RD -7 STE 230 BOCA RATON, FL 33428 US	Mailing Address C/O ELLIOT KAPLAN, CPA, PA 20801 BISCAYNE BOULEVARD STE 403 AVENTURA, FL 33180 US
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DO NOT WRITE IN THIS SPACE



04012006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0137107	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**MCRAE, MITCHELL
6274 LINTON BLVD
SUITE 100
DELRAY BEACH, FL 33484**

**DO NOT WRITE
IN THIS SPACE**

9. 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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WENDMAN, MORTON 23123 STATE RD 7 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WENDMAN, ELSA 23123 STATE RD 7 BOCA RATON, FL 33428
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04/17/06-80012-018 150.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #