


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90078 024 \*\*\*150.00

<b>DOCUMENT # K64736</b> 1. Entity Name <b>MOR-EL, INC.</b>					
Principal Place of Business <b>23123 STATE RD -7 STE 230 BOCA RATON, FL 33428 US</b>			Mailing Address <b>C/O ELLIOT KAPLAN, CPA, PA 20801 BISCAYNE BOULEVARD STE 403 AVENTURA, FL 33180 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address S <b>Elliot Kaplan, PA Certified Public Accountant 20801 Biscayne Blvd. Ste. 506 Aventura FL 33180</b>			
City & State		C		4. FEI Number <b>65-0137107</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCRAE, MITCHELL 6274 LINTON BLVD SUITE 100 DELRAY BEACH, FL 33484</b>			7. Name and Address of New Registered Agent Name <b>Friedman, Rosenwasser &amp; Goldbaum, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5355 Town Center Rd., Ste. 801</b> City <b>Boca Raton</b> FL Zip Code <b>33486</b>		
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><i>Ron Rosenwasser</i></u> VP <u><i>Ron Rosenwasser</i></u> 4-11-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WENDMAN, MORTON 23123 STATE RD 7 BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Wendman, Elsa 23123 State Road 7 Boca Raton, FL 33428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WENDMAN, ELSA 23123 STATE RD 7 BOCA RATON, FL 33428 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <u><i>Elsa Wendman</i></u> <u><i>Elsa Wendman</i></u> 16/04/07 361-451-0095 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					