

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L51024	
1. Entity Name MORALES & COMPANY, INC.	
Principal Place of Business 1700 SW 64TH AVENUE MIAMI, FL 33155 US	Mailing Address 1700 SW 64TH AVENUE MIAMI, FL 33155 US



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0190311	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HARRIS, ELLIOTT 111 SW 3RD 3RD STREET, 6TH FLOOR MIAMI, FL 33130	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

U00000552155
05/13/06-80128-022 150.00

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MORALES, G. DAVID 1700 SW 64TH AVENUE MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MORALES, TERESITA C. 1700 SW 64TH AVENUE MIAMI, FL 33155	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 address, with all other like empowered.

SIGNATURE [Signature] 04-28-06 (786) 236-5155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #