FILED
Apr 21, 2004 08:00 AM
Secretary of State

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N36770

1. Entity Name
MORALES HOME GROUP, INC.

Principal Place of Business	Mailing Address
C/O VICTOR MORALES 9450 S.W. 61ST STREET MIAMI, FL 33173	C/O VICTOR MORALES 9450 S.W. 61ST STREET MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

04182004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0156014
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORALES, VICTOR
9450 S.W. 61ST STREET
MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when manually signed)

Filing Fee is $61.25
Due by May 1, 2004

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

U00000122874
04/21/04-80048-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORALES, VICTOR
STREET ADDRESS	9450 S.W. 61ST STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	MORALES, MARIA I.
STREET ADDRESS	9450 S.W. 61ST STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	MORALES, JESUS
STREET ADDRESS	9450 S.W. 61ST STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: _____ X 04-19-04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #