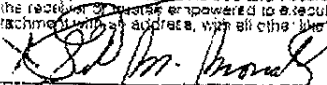


FILED
Apr 21, 2004 08:00 AM
Secretary of State

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N36770 1. Entity Name MORALES HOME GROUP, INC.			
Principal Place of Business C/O VICTOR MORALES 9450 S.W. 61ST STREET MIAMI, FL 33173		Mailing Address C/O VICTOR MORALES 9450 S.W. 61ST STREET MIAMI, FL 33173	
DO NOT WRITE IN THIS SPACE			
		04182004 No Clg-NP CR2E037 (10/03)	
4. FEI Number 85-0156014		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 _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when renaming.)			
Filing Fee is \$61.25 Due by May 1, 2004		Election Campaign Financing True Fund Contribution ☐ \$5.00 May Be Added to Fees	
		DATE 000000122874 04/21/04-80048-013 61.25	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		DO NOT WRITE IN THIS SPACE	
D MORALES, VICTOR 9450 S.W. 61ST STREET MIAMI, FL			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
D MORALES, MARIA I. 9450 S.W. 61ST STREET MIAMI, FL			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
D MORALES, JESUS 9450 S.W. 61ST STREET MIAMI, FL			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(g), 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 registered agent, or empowered to execute this report as required by Chapter 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowerments.			
SIGNATURE: 		X 04-19-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			