


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90071 029 ****70.00

DOCUMENT # N99000004108

1. Entity Name
 MORADA DE PAZ INC.



Principal Place of Business
 37230 LOCK ST
 DADE CITY, FL 33523

Mailing Address
 37344 CLINTON AVE
 DADE CITY, FL 33525

2. Principal Place of Business - No P.O. Box #
 37135 Meridian Ave.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Dade City, FL

City & State

Zip
 33525

Country
 USA

4. FEI Number
 NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

01032007 Chg-NP CR2E037 (12/06)



6. Name and Address of Current Registered Agent

GUARDIAN, JUANA
 15140 MANATEE AVE
 DADE CITY, FL 33525

7. Name and Address of New Registered Agent

Name
 Ana Sanchez

Street Address (P.O. Box Number is Not Acceptable)
 15140 Manatee Ave

City
 Dade City

FL Zip Code
 33523

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 Ana Sanchez, Ana Sanchez, P 1/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME SANCHEZ, ANA	
STREET ADDRESS 15143 MANATEE AVE	
CITY-ST-ZIP DADE CITY, FL 33525	
TITLE V	<input checked="" type="checkbox"/> Delete
NAME SANCHEZ, MARTHA	
STREET ADDRESS 15140 MANATEE AVE	
CITY-ST-ZIP DADE CITY, FL 33525	
TITLE S	<input type="checkbox"/> Delete
NAME SANCHEZ, DULCE	
STREET ADDRESS 37344 CLINTON AVENUE	
CITY-ST-ZIP DADE CITY, FL 33525	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME PEREZ, ALICIA	
STREET ADDRESS 15021 MARION AVENUE	
CITY-ST-ZIP DADE CITY, FL 33525	
TITLE D	<input type="checkbox"/> Delete
NAME SANCHEZ, NORA	
STREET ADDRESS 11349 ORANGE TREE RD	
CITY-ST-ZIP DADE CITY, FL 33525	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Sanchez, Ana	
STREET ADDRESS P.O. Box 74	
CITY-ST-ZIP Dade City, FL 33526	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Dulce A. Sanchez, Dulce Sanchez 1/5/07 (352) 518-0962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #