

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000022203

1. Entity Name
MORALES ASSOCIATES CORP.



Principal Place of Business
CARRERA 52 #138-77
CASA 16
BOGOTA, CO

Mailing Address
CARRERA 52 #138-77
CASA 16
BOGOTA, CO

FILED

04 JUL 28 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0983868	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R
2999 NE 191ST ST., STE. 900
AVENTURA, FL 33180

**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 required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORALES, JOSE R CARRERA 52 #138-77 BOGOTA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORALES, ALEXANDER CARRERA 52 #138-77 BOGOTA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORALES, YAMILE CARRERA 52 #138-77 BOGOTA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORALES, ANDREA CARRERA 52 #138-77 BOGOTA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

500040046315
08/10/04--01052--006 **150.00

500040046315
08/10/04--01052--007 **13.75

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jose Rodrigo Morales