2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000099584

1. Entity Name

MORIAH INTERNATIONAL, INC.



FILED May 02, 2006 08:00 AN Secretary of State

Principal Place of Business

10145 COSTA DEL SOL BLVD. MIAMI, FL 33178 Mailing Address

10145 COSTA DEL SOL BLVD. MIAMI, FL 33178



DO NOT WRITE IN THIS SPACE

02272006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1048506
Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, RICHARD W 10145 COSTA DEL SOL BLVD. MIAMI, FL 33178

changed, or on an attachment with a

SIGNATURE: _________SIGNATURE AND

DO NOT WRITE IN THIS SPACE

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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					
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign I Trust Fund Contribu		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SANCHEZ, RICHARD W 10145 COSTA DEL SOL BLVD. MIAMI, FL 33178			· ·	1400000000010404
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VTD GERALDI-SANCHEZ, RITA FERRAZ 10145 COSTA DEL SOL BLVD. MIAMI, FL 33178				000000558404 05/17/06-80092-005 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1				
12. I hereby certify that the information supplied with this filling 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 trueland 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if					

other like empowered.

NING OFFICER OR DIRECTOR