

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000108613

1. Entity Name

MORTEO'S MORNING DEW, CORP.



FILED
Jan 22, 2004 08:00 AM
Secretary of State

Principal Place of Business

7758 N.W. 44TH ST SUNRISE, FL 33351 Mailing Address

7758 N.W. 44TH ST SUNRISE, FL 33351



01102004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1055471 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PESTANO, ANTOLIN JR 7758 N.W. 44TH ST SUNRISE, FL 33351

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		IN THIS STAGE		
The above named entity submits this statement for the p the obligations of registered agent.	urpose of changing its registered office	or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	I applicable (NOTE Registered Agent sign	sture required when reinstating)	DATE	
File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIREC	TORS			
TITLE PD NAME VIVENT, MERCEDES STREET ADDRESS 7758 N.W. 44TH ST GITY-ST-ZIP SUNRISE, FL. 33351			U00000010270 01/22/04-80025-015 150.00	
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TITLE NAME STREET ADDRESS CITY- ST-ZIP				
12. I hereby certify that the information supplied with this file	ing does not qualify for the exemption st	ated in Section 119.07(3)	(i), Florida Statutes. I further certify that the information	

12. I hereby certify that the information supplied with this filling does not quality 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:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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10087777 4001

Daytime Phone #