

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FI  
Apr 20, 20  
Secreta

**DOCUMENT # P01000020708**

1. Entity Name  
**MOLIER OF FLORIDA, INC.**



Principal Place of Business  
**3000 N. OCEAN DR., APT. 19D  
SINGER ISLAND, FL 33404**

Mailing Address  
**3000 N. OCEAN DR., APT. 19D  
SINGER ISLAND, FL 33404**



04182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1083128**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DURAN, ALFREDO G  
2601 S. BAYSHORE DR., STE. 1400  
MIAMI, FL 33133**

**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  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>MORRIS, FRANCISCO</b>
STREET ADDRESS	<b>3000 N. OCEAN DR., APT. 19D</b>
CITY-ST-ZIP	<b>SINGER ISLAND, FL 33404</b>

TITLE	<b>D</b>
NAME	<b>LIEVANO, MONICA</b>
STREET ADDRESS	<b>3000 N. OCEAN DR., APT. 19D</b>
CITY-ST-ZIP	<b>SINGER ISLAND, FL 33404</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000520932  
05/02/06-80111-023 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 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 #

*amc 15/06 011571245/245*