

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000022344

Entity Name: MORENO INC.

FILED
Sep 26, 2005
Secretary of State

Current Principal Place of Business:

7621 HAGUE DR
N/A
MIAMI LAKES, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

7621 HAGUE DR
N/A
MIAMI LAKES, FL 33015 US

New Mailing Address:

FEI Number: 65-1091811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORENO, RAMON JR.
7621 HAGUE DR.
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

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.

SIGNATURE: LUIS MEDINA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MORENO, RAMON JR.
Address: 7621 HAGUE DR.
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: DV () Delete
Name: MORENO MAS, ALEXIS
Address: 7621 HAGUE DR.
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: DT () Delete
Name: MORENO, RAMON SR.
Address: 3621 COLLINS AVE, #405
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: DS () Delete
Name: MUNOZ, MAURA
Address: 7621 HAGUE DR.
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: DVP () Delete
Name: MORENO, RAMON III
Address: 24988 SW 128 PATH
City-St-Zip: HOMESTEAD, FL 33030 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURA MUNOZ

DS

09/26/2005

Electronic Signature of Signing Officer or Director

Date