


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90041 025 ***150.00

DOCUMENT # P01000045507					
1. Entity Name MORALES METAL PARTITION, CORP.					
Principal Place of Business 1308 SW 25TH AVE FORT LAUDERDALE, FL 33312			Mailing Address 1308 SW 25TH AVE FORT LAUDERDALE, FL 33312		
2. Principal Place of Business 5531 NW Whitecap RD		3. Mailing Address 5531 NW Whitecap RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port St Lucie FL		City & State Port St Lucie FL		4. FEI Number 65-1100516	
Zip 34986		Country		Applied For Not Applicable	
Zip 34986		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORALES, ARMANDO 1308 SW 25 AVE FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name <u>Morales, Armando</u> Street Address (P.O. Box Number is Not Acceptable) <u>5531 NW Whitecap RD</u> City <u>Port St Lucie</u> <u>FL</u> Zip Code <u>34986</u>		
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 <u>Morales Armando President</u> x DATE <u>03-24-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORALES, ARMANDO 1308 SW 25TH AVE FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Morales Armando 5531 NW Whitecap RD Port St Lucie FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>X</u> <u>Morales Armando</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>03-25-04</u> Daytime Phone # <u>954 914 9238</u>		