

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047852

FILED  
Mar 18, 2008  
Secretary of State

Entity Name: MORGAN WATERHOUSE INCORPORATED

**Current Principal Place of Business:**

13001 NW 42 AVE.  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

13001 NW 42 AVE.  
OPA LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 20-0877189      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIZO, DANAY  
19021 MERION PT RD  
HIALEAH, 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RIZO, DANAY  
Address: 19021 MERION PT RD  
City-St-Zip: HIALEAH, FL 33015

Title: VP ( ) Delete  
Name: HERNANDEZ, JORGE  
Address: 6870 N ST ANDREWS DRIVE  
City-St-Zip: HIALEAH, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 exemption stated 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 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: DANAY RIZO

P

03/18/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date