03/10/2004 13:29 SOFIA POWELL-COSIO → 01190263702 P.02

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90055 045 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000065111

1. Entity Name

MORICATI CORP.

24021156

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
C/O SOFIA POWELL-COSIO PA 1900 S.W. 3RD AVE. MIAMI FL 33129	C/O SOFIA POWELL-COSIO PA 1900 S.W. 3RD AVE MIAMI FL 33129

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. SSI Number: 65-1117783 — Applied For / Not Applicable

Country | Zip | Country | Zip | Country

5. Certificate of Status Desired — ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COSIO, SOFIA PA 1900 SW 3RD AVE MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code

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 _____
Signature of a new or prior registered agent (see below) — Name of Registered Agent (please print or type) — DATE

-FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PSD ☐ Delete NAME AGUIRRE, MARIA SARA STREET ADDRESS 705 CRANDON BLVD. UNIT 408E CITY-ST-ZIP KEY BISCAYNE FL 33149	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

PLEASE SIGN

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. [illegible] indicate [illegible] 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 is added in Block 11 or Block 12 if an addition, with an address, with an officer or director empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #