

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000087793**

1. Entity Name  
**MOVIDE INVESTMENTS, INC.**



Principal Place of Business  
**600 N THACKER AVE  
A18  
KISSIMMEE, FL 34741**

Mailing Address  
**600 N THACKER AVE  
A18  
KISSIMMEE, FL 34741**

**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3757463** Applied For  
Not Applicable

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

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

**MORALES, FRANCISCO H  
4881 CYPRESS WOODS, DR #3310  
ORLANDO, FL 32811**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**U00000029457  
02/04/04-80066-020 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MORALES, FRANCISCO H 5033 SANTA CLARA DR ORLANDO, FL 32837</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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: FRANCISCO H. MORALES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/29/04**  
Date

Daytime Phone #