

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000097359 1. Entity Name MORGADO PROPERTY INVESTMENTS, INC.	
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Principal Place of Business 102 BAYTREE CT. WINTER SPRINGS, FL 32708	Mailing Address 102 BAYTREE CT. WINTER SPRINGS, FL 32708
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DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0619090

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent
**GARCIA, MARIO A ESQ.
315 E. ROBINSON ST., STE. 160
ORLANDO, FL 32801**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

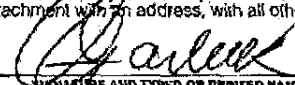
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGADO, JOSE MANUEL R URB CHILEMEX CC CHILEMEX, PISO 4 LOCAL 10 PUERTO ORDAZ, EDO BOLIVAR, VEN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGADO, ANA URB CHILEMEX CC CHILEMEX, PISO 4 LOCAL 10 PUERTO ORDAZ, EDO BOLIVAR, VEN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/24/06-80039-020 150.00

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IN THIS SPACE**

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

SIGNATURE:  **OMAR A. GARBAN** **3-10-06 407-851-636**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #