

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000098677

1. Entity Name
MOREJON EXPRESS CORP.



Principal Place of Business

**7080 N W 177 ST
#210
MIAMI, FL 33015**

Mailing Address

**7080 N W 177 ST
#210
MIAMI, FL 33015**

DO NOT WRITE IN THIS SPACE



03062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1148213

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOREJON, VENTAER
7080 N W 177 ST
210
MIAMI, FL 33015**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000090477
03/17/04-80020-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOREJON, VENTAER 7080 N W 177ST #210 MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONDONO, ALEJANDRA 7080 N W 177ST #210 MIAMI, FL 33015
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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)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-04
Date

786-229-0886
Daytime Phone #