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2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 MAY 23 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03292008 Chg-P CR2E034 (12/06)

DOCUMENT # P01000111151

1. Entity Name
MORA INVESTMENT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
9 W STAR ISLAND MIAMI BEACH, FL 33139	9 W STAR ISLAND MIAMI BEACH, FL 33139
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-1156470 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KLINE, CHARLES C ESQ
WHITE & CASE LLP
200 S. BISCAYNE BOULEVARD, SUITE 4900
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: KAUFMAN-ROSSIN & COMPANY
Street Address (P.O. Box Number is Not Acceptable): 2699 SOUTH BAYSHORE DRIVE
SUITE 500
City: MIAMI FL Zip Code: 33133

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: Lourdes B. Sanjenis, Secretary
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, 2008 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S SANJENIS, LOURDES 9 WEST STAR ISLAND DR MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MORA, MODESTO M 9 WEST STAR ISLAND DRIVE MIAMI, FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	875/29	☐ Change ☐ Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lourdes B. Sanjenis 4/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #