


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000016626 1. Entity Name MORRO CORP.	
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Principal Place of Business 1261 95TH STREET BAY HARBOR ISLANDS, FL 33154	Mailing Address 1261 95TH STREET BAY HARBOR ISLANDS, FL 33154
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07222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0558211	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEIVA, NICOLAS 1261 95TH STREET BAY HARBOR ISLANDS, FL 33154
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**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
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEIVA, NICOLAS 1261 95TH STREET BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANNA, DAISY 1261 95TH STREET BAY HARBOR ISLANDS, FL 33154
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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U8/24/04-BU001-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

Date

Daytime Phone #

7/22/04