

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000032528

1. Entity Name
MORITA, INC.



FILED
Apr 14, 2005 08:00 AM
Secretary of State

Principal Place of Business
**4987 N. UNIVERSITY DR.
15 B
LAUDERHILL, FL 33351**

Mailing Address
**4987 N. UNIVERSITY DR.
15 B
LAUDERHILL, FL 33351**



03052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0640566 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KATZ, MORTY M
4987 N. UNIVERSITY DR- 15 B
LAUDERHILL, FL 33351**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KATZ, MORTY
STREET ADDRESS	4987 N. UNIV. DR.-15 B
CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	V
NAME	KATZ, RITA
STREET ADDRESS	4987 N. UNIVERSITY DR.-15 B
CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000304199
04/14/05-80033-016 150.00

**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 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 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

4/11/05 (954) 748-3331
Date Daytime Phone #