## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 07, 2007 8:00 am Secretary of State

DOCUMENT # P02000032528  1. Entity Name MORITA, INC.				05-07-2007 90077 008 ***150.00		
Principal Place 4987 N. UNIV 15 B LAUDERHILL,	VERSITY DR.	Mailing Address 4987 N. UNIVERSITY DR. 15 B LAUDERHILL, FL 33351				
3. Principal Place of Business - No P.O. Box #  Suite, Apt #, etc.		3. Mailing Address 4689 N. UN, V. 75 ty D Suite. Apt. #, etc.		04092007 Chg-P CR2E034 (12/06)		
City & State	e sull FL	City & State	1. FL	4. FEI Number		olied For
<sup>2</sup> 333	51 Country	Zip 33351	Security Brow -	01-0640566  5. Certificate of Status Desired	\$8.75 Addi	
	6. Name and Address of Current	<u> </u>		7. Name and Address of New R	<del>`</del>	
KATZ, MORTY M 4987 N. UNIVERSITY DR- 15 B LAUDERHILL, FL 33351						
			City		FL Zip Code	)
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, typeds—printed name of registered agent and title if approache. (NOTE Registered Agent signature required when reinstating)  DAYE						
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees						
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATZ, MORTY 4987 N UNIVERSITY DR., SUITI LAUDERHILL, FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KATZ, RITA 4987 N. UNIVERSITY DR <del>a15-B</del> LAUDERHILL, FL 33351	□ Delete 20 <b>-B</b>	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP		☐ Change	Addition
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12. Thereby certify that the information supplied with this filling 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 ill object of the corporation and officers with an address.						

ATTACHMENT 40107 734 From the Desk of: MORTY KATZ, C.E.P. 70200032528 954-748-3331 Plane NoTe, Dand report Notice, as you Marled it To the wrong Steth until 5/1/07. Ttork your Peerse Court too BSAR