
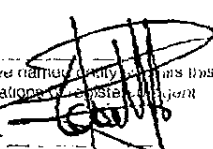
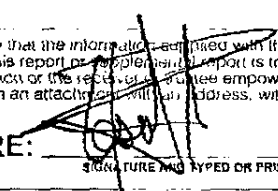


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Apr 24, 2006 08:00 AM  
Secretary of State

DOCUMENT # P02000038326					
1. Entity Name <b>MOR USA INC.</b>					
Principal Place of Business <b>2157 NW 79TH AVENUE MIAMI, FL 33122 US</b>			Mailing Address <b>2157 NW 79TH AVENUE MIAMI, FL 33122 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite Apt #, etc		Suite Apt #, etc		04042006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number <b>02-0581221</b> <span style="float: right;">Applied For Not Applicable</span>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CASTRO, PABLO A 2157 NW 79TH AVENUE MIAMI, FL 33122</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
8. The above named entity certifies 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, this agent.					
SIGNATURE: 					
<small>Signature of a principal officer, registered agent, and director of the corporation shall be typed or printed in the space provided.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CASTRO, PABLO A</b>	NAME	<b>U00000525597</b>		
STREET ADDRESS	<b>2157 NW 79TH AVENUE</b>	STREET ADDRESS	<b>05/04/06-80039-015 150.00</b>		
CITY ST ZIP	<b>MIAMI, FL 33122</b>	CITY ST ZIP			
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FIDALGO, JORGE M</b>	NAME			
STREET ADDRESS	<b>2157 NW 79TH AVENUE</b>	STREET ADDRESS			
CITY ST ZIP	<b>MIAMI, FL 33122</b>	CITY ST ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY ST ZIP		CITY ST ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY ST ZIP		CITY ST ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY ST ZIP		CITY ST ZIP			
12. I hereby certify that the information furnished 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 registered agent empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attached schedule of address, with all other like empowered.					
SIGNATURE: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					