

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90010 014 \*\*\*150.00

**DOCUMENT # P02000101421**

**1. Entity Name**

**MOREINIS BROTHERS INC.**



**Principal Place of Business**

**1150 NW 72ND AVE #555  
MIAMI FL 33126**

**Mailing Address**

**1150 NW 72ND AVE #555  
MIAMI FL 33126**

**54018287**



**MOORE CR2E034 (11/03)**

**2. Principal Place of Business**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**4. FEI Number 54-2075061**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MOREINIS, PAUL  
1150 NW 72ND AVE #555  
MIAMI FL 33126**

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**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, 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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** DP ☐ Delete  
**NAME** MOREINIS, PAUL  
**STREET ADDRESS** 16425 COLLINS AVE #2411  
**CITY-ST-ZIP** SUNNY ISLES FL 33163

**TITLE** DT ☐ Delete  
**NAME** MOREINIS, STEVEN  
**STREET ADDRESS** 16425 COLLINS AVE #2411  
**CITY-ST-ZIP** SUNNY ISLES FL 33163

**TITLE** DS ☐ Delete  
**NAME** MOREINIS, ROBERTO  
**STREET ADDRESS** 16425 COLLINS AVE #2411  
**CITY-ST-ZIP** SUNNY ISLES FL 33163

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 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

*Paul Moreinis*  
**Paul Moreinis**

Date

Daytime Phone #

*305-994-7573*