


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P02000101421 1. Entity Name MOREINIS BROTHERS INC.	
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Principal Place of Business 1150 NW 72ND AVE #555 MIAMI, FL 33126	Mailing Address 1150 NW 72ND AVE #555 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



01192008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2075081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOREINIS, PAUL 16425 COLLINS AVE #2411 SUNNY ISLES, FL 33163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MOREINIS, STEVEN 16425 COLLINS AVE #2411 SUNNY ISLES, FL 33163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOREINIS, ROBERTO 16425 COLLINS AVE #2411 SUNNY ISLES, FL 33163
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03/13/08-80020-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied 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 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: Paul Moreinis Paul Moreinis 1/30/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #