2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State
06-01-2004 90009 030 ***550.00

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DOCUMENT # P02000110131

1. Entity Name
MORS INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1960 NE 161RD ST., SUITE 203 N. MIAMI BCH, FL 33162	1960 NE 161RD ST., SUITE 203 N. MIAMI BCH, FL 33162

03112004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6447 Miami Lakes Dr.	6447 Miami Lakes Dr
Suite, Apt. #, etc. 222E	Suite, Apt. #, etc. 222 E
City & State Miami Lakes, FL	City & State Miami Lakes, FL
Zip 33014 Country Dade	Zip 33014 Country Dade

4. FEI Number 37-1445794 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VIVEROS, MELQUISEDEC O
1960 NE 163RD ST., SUITE 203
N. MIAMI BCH, FL 33162

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 6447 Miami Lakes Dr. Ste 222E

City Miami Lakes FL Zip Code 33014

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VIVEROS, MELQUISEDEC O 1960 NE 161ST ST STE 203 N. MIAMI BCH, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6447 Miami Lakes Dr. # 222E Miami Lakes, FL 33014	☒ Change ☐ Addition
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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] 03/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #