

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P02000114449

1. Entity Name  
DURABO ENTERPRISES, INC.



Principal Place of Business  
1915 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE, FL 33316

Mailing Address  
1915 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE, FL 33316



04302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3718949

Applied For  
Not Applicable

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

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

MORLEY, THEODORE  
1915 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE, FL 33316

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U000000764611  
05/31/07-80001-014 750.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORLEY, THEODORE 1915 SOUTH ANDREWS AVE FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORELY, BEVERLY A 1915 S. ANDREWS AVE. FORT LAUDERDALE, FL 33316
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* Treasurer 4-30-07 954 766 9955