


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000121194**

1. Entity Name  
**MORBON, INC.**



Principal Place of Business <b>150 WEST FLAGLER STREET          SUITE 2200          MIAMI, FL 33130</b>	Mailing Address <b>150 WEST FLAGLER STREET          SUITE 2200          MIAMI, FL 33130</b>
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**DO NOT WRITE IN THIS SPACE**



01122008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1186458</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**FREED, OWEN S  
 150 WEST FLAGLER STREET  
 SUITE 2200  
 MIAMI, FL 33130**

**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 reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, JOAQUIN AVDA. ALTAMIRA QUINTA #7 URBANIZ. CO. CLUB CARACAS, VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MORENO, MARTA SOFIA AVDA. ALTAMIRA QUINTA #7 URBANIZ. CO. CLUB CARACAS, VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREED, OWEN S 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130
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 02/17/06-80013-023 150.00

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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]* **2/3/06** **305-789-3457**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #