

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124609

Entity Name: LORETTA MORELLI, P.A.

FILED  
Jan 26, 2004  
Secretary of State

## Current Principal Place of Business:

215 DANUBE WAY  
PALM BCH GARDENS, FL 33410

## New Principal Place of Business:

## Current Mailing Address:

215 DANUBE WAY  
PALM BCH GARDENS, FL 33410

## New Mailing Address:

FEI Number: 56-2304639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORELLI, BEN  
215 DANUBE WAY  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: MORELLI, LORETTA  
Address: 215 DANUBE WAY  
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: VSD ( ) Delete  
Name: MORELLI, BENEDICT  
Address: 215 DANUBE WAY  
City-St-Zip: PALM BCH GARDENS, FL 33410

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORETTA MORELLI

PTD

01/26/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date