## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # P03000029591** 04-30-2004 90229 022 \*\*\*150.00 1. Entity Name MORBALL, CORPORATION Principal Place of Business Mailing Address C/O 407 LINCOLN ROAD C/O 407 LINCOLN ROAD SUITE 11-L SUITE 11-L MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 55-0828229 Not Applicable Ζip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ODELLA, NELSON **407 LINCOLN ROAD** Street Address (P.O. Box Number is Not Acceptable) SUITE 11-L MIAMI BEACH, FL 33139 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BALLEFIN, EDUARDO MR. NAME NAME STREET ADDRESS C/O 407 LINCOLN ROAD #11-L STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE Delete IM F ☐ Change ☐ Addition NAME BALLEFIN, GASTON MR. NAME C/O 407 LINCOLN ROAD #11-L STREET ADORESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-7IP D TITLE ☐ Delete MLE ☐ Change ☐ Addition MOREIRA, ANA L MSS. NAME NAME STREET ADDRESS C/O 407 LINCOLN ROAD #11-L STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-77F TITLE Delete TILE ☐ Change ☐ Addition BALLEFIN, RICARDO P NAME MAME STREET ADDRESS C/O 407 LINCOLN ROAD #11-L STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BROWN, LETICIA G NAME STREET ADDRESS C/O 407 LINCOLN ROAD #11-L STREET ADDRESS CITY-ST-ZIP MIAMI BEACH; FL 33139 CITY-ST-7IP TITLE ☐ Delete ПLE ☐ Change ☐ Addition NAME MOREIRA, JUAN D NAME C/O 407 LINCOLN ROAD #11-L STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP 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 repeiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attackment with an agicness with all the risk empowered.

**FILED** 

04-15-04 (305)5310909