


FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90252 015 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000050136			
1. Entity Name 601 MORAS INC.			
Principal Place of Business 520 BRICKELL KEY DR STE 0-305 MIAMI FL 33131		Mailing Address 520 BRICKELL KEY DR STE 0-305 MIAMI FL 33131	
2. Principal Place of Business 445 GRAND BAY DR		3. Mailing Address 445 GRAN BAY DR	
Subs. Apt. #, etc. APT # 601		Subs. Apt. #, etc. APT # 601	
City & State KEY BISCAYNE FL		City & State KEY BISCAYNE	
Zip 33149	Country USA	Zip 33149	Country USA
4. FEI Number 20-1052962		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION LLC 520 BRICKELL KEY DR STE 0-305 MIAMI FL 33131		7. Name and Address of New Registered Agent Name GURI INVESTMENTS INC. Street Address (P.O. Box Number is Not Acceptable) 3201 N.E. 183 ST APT# 707 City AVENTURA FL Zip Code 33160	
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, the registered agent.			
SIGNATURE <i>[Signature]</i> JOSE M. DE GUZMAN (P) DATE APR 21/05			
FILE NOW! FEE IS \$180.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	MORA, JOSE JOAQUIN	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	520 BRICKELL KEY DR STE 0-305	NAME	445 GRAND BAY DR APT 601
CITY-ST-ZIP	MIAMI, FL 33131	STREET ADDRESS	KEY BISCAYNE 33149
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, CLAUDIA	NAME	445 GRAND BAY DR APT 601
STREET ADDRESS	520 BRICKELL KEY DR STE 0-305	STREET ADDRESS	KEY BISCAYNE 33149
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	KEY BISCAYNE 33149
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORA, RAFAEL	NAME	445 GRAND BAY DR APT 601
STREET ADDRESS	520 BRICKELL KEY DR STE 0-305	STREET ADDRESS	KEY BISCAYNE 33149
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	KEY BISCAYNE 33149
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTAYA, ANGELA	NAME	445 GRAND BAY DR APT 601
STREET ADDRESS	520 BRICKELL KEY DR STE 0-305	STREET ADDRESS	KEY BISCAYNE 33149
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	KEY BISCAYNE 33149
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(d), 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 filer information.			
SIGNATURE: <i>[Signature]</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date DayOne Phone #	