

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2004 8:00 am
Secretary of State

04-26-2004 90495 002 ***150.00

DOCUMENT # P03000050399					
1. Entity Name MORIB INVESTMENTS TRUST INC.					
Principal Place of Business 3291 SW 16 LANE MIAMI, FL 33145			Mailing Address 3291 SW 16 LANE MIAMI, FL 33145		
2. Principal Place of Business 3291 SW 16 LN Suite, Apt. #, etc.		3. Mailing Address 3291 SW 16 LN Suite, Apt. #, etc.			
City & State MIAMI FL Zip 33145 Country USA		City & State MIAMI FL Zip 33145 Country USA		4. FEI Number 90-0077353	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name: Melba Tejeda Street Address (P.O. Box Number is Not Acceptable): 3291 SW 16 LN City: Miami FL Zip: 33145		
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: <i>Melba Tejeda</i> (NOTE: Registered Agent signature required when re-registering) DATE: 4/20/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEJEDA, MELBA 3291 SW 16 LANE MIAMI, FL 33145	<input type="checkbox"/> Delete			
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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 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 an other like empowered.		SIGNATURE: <i>Melba Tejeda</i>			
SIGNATURE AND TYPE OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR		Date		Daytime Phone #	

90-0077353