

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90349 013 ***150.00

DOCUMENT # P03000077131

1. Entity Name
MORRACASH ENTERPRISES INTERNATIONAL, INC.



Principal Place of Business

1021 ISLAND SHORES DR
W PALM BEACH, FL 33413

Mailing Address

PO BOX 212193
ROYAL PALM BEACH, FL 33421

2. Principal Place of Business

5712 CONNORS ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEESBURG, FL.

City & State

Zip
34748

Country

U.S.A

Zip

Country

04212006

Chg-P

CR2E034 (11/05)

4. FEI Number

36-4018615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

OMOTOLA, ROBINSON J
1021 ISLAND SHORES DR
W PALM BEACH, FL 33413

**5712 CONNORS ST.
LEESBURG, FL
34748**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**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 **P** ☐ Delete
NAME **OMOTOLA, ROBINSON J ARNP**
STREET ADDRESS **1021 ISLAND SHORES DR**
CITY - ST - ZIP **W PALM BEACH, FL 33413**

**5712 CONNORS ST.
LEESBURG, FL
34748**

TITLE ☐ Delete
NAME
STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(ROBINSON J. OMOTOLA)

04/19/06

352-787-8051

Date

Daytime Phone #