


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-29-2006 90002 044 ***158.75

| | |
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| DOCUMENT # P04000082700 |  |
| 1. Entity Name MORA FRAMING CORPORATION | |

| | |
|---|---|
| Principal Place of Business 8021 FORD PLACE TAMPA, FL 33615 | Mailing Address 8021 FORD PLACE TAMPA, FL 33615 |
|---|---|

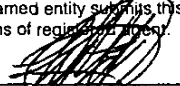
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|--|---|
| 2. Principal Place of Business 4615 Fox Hunt Dr. | 3. Mailing Address 4615 Fox Hunt Dr |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Tampa, Florida | City & State Tampa, Florida |
| Zip 33624 | Country USA |



06262006 Chg-P CR2E034 (11/05)

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|---|--|--|
| 4. FEI Number 76-0759530 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent MORA, MARIO 8021 FORD PLACE TAMPA, FL 33615 | | |
| 7. Name and Address of New Registered Agent Name Mario Mora Street Address (P.O. Box Number is Not Acceptable) 4615 Fox Hunt Dr. Tampa, Fl. 33624 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.

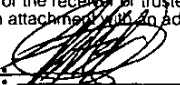
SIGNATURE:  DATE: **6-26-2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | 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 | P MORA, MARIO 8021 FORD PLACE TAMPA, FL 33615 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P. Mora, Mario 6210 Sheldon Rd. # 1810 Tampa, FL. 33615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PEREZ, JULIO 6212 SHELDON RD., APT. #212 TAMPA, FL 33615 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Mora, Jessica 4615 Fox Hunt Dr Tampa, FL. 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PEREZ, DARIO 8830 BRENNAN CIRCLE, APT. #107 TAMPA, FL 33615 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S. Mora, Evelio 4615 Fox Hunt Dr. Tampa, Fl. 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  DATE: **6/26/2006** 813-317-0246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40097457

#PO400008200

We did not get
the annual report
at the time that
was sent.

Please advise the
late fee
that's.