

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90310 012 ***150.00

DOCUMENT # P04000117339

1. Entity Name
MORALES-FERNANDEZ, PA



40047589

Principal Place of Business
16643 S.W. 84 TERR.
MIAMI, FL 33193 US

Mailing Address
16643 S.W. 84 TERR.
MIAMI, FL 33193 US

2. Principal Place of Business
4688 NW 69 Ave
Suite, Apt. #, etc.

3. Mailing Address
4688 NW 69 Ave
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33166
Country
United States

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Miami, FL
Zip
33166
Country
United States

04052006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1491868

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORALES, SASKIA
7030 SW 14 ST
PEMBROKE PINES, FL 33023

7. Name and Address of New Registered Agent

Name
MORALES SASKIA
Street Address (P.O. Box Number is Not Acceptable)
4688 NW 69 Ave
City
Miami FL Zip Code
33166

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

Saskia Morales

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/5/06

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	DP	<input type="checkbox"/> Delete
NAME	MORALES, ARNOLD	
STREET ADDRESS	16643 S.W. 84 TERR.	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MORALES, SASKIA	
STREET ADDRESS	16643 S.W. 84 TERR.	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06

Date

309-304-8993

Daytime Phone #