2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000128946

1. Entity Name

MORALES PETROLEUM SERVICES, CORP.



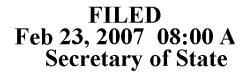
Principal Place of Business Mail

8810 SW 132 PL 304 DN

MIAMI, FL 33173

Mailing Address

8550 S.W. 109TH AVE #107 MIAMI, FL 33173





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02202007 No Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

ANTEPARA, LISBETH 8810 SW 132 PL 304 DN MIAMI, FL 33186 DO NOT WRITE

·				IN	THIS SPA	ACE AND ACE	
	named entity submits this statement for the plions of registered agent.	urpose of changi	ing its registered office or r	egistered agent, or bo	oth, in the State of Florid	da. I am familiar with, ai	nd accept
SIGNATURE_							
· · · · · ·	Signature, typed or printed name of registered agent and title if	applicable.	(NOTE: Registered Agent signature	e required when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00		Campaign Financing d Contribution.	\$5.00 May Be Added to Fees		٠	
10.	OFFICERS AND DIREC	TORS	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Tallors The Action	學自身 医动脉		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DE MORALES, FANNY L 8810 SW 132 PL 304 DN MIAMI, FL 33173					San	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ANTEPARA, LISBETH 8810 SW 132 PL 304 DN MIAMI, FL 33186				03/02/07-	50058-022 150).00
TITLE NAME STREET ADDRESS			7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

DO NOT WRITE

12. Thereby certify that the information supplied with this filling 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:

CITY-ST-7IP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
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CITY-ST-ZIP

BIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

02/2007 (786) 443 2832