

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000138680

1. Entity Name
MORBLOOD, INC.



Principal Place of Business

210 174TH STREET SUITE 1414
SUNNY ISLES BEACH, FL 33160

Mailing Address

210 174TH STREET SUITE 1414
SUNNY ISLES BEACH, FL 33160



042820073 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1919111

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAMBROS, JOHN N
200 EAST LAS OLAS BLVD SUITE 1900
FT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000756437
05/23/07-80029-015 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MORA, JOHN L
STREET ADDRESS 210 174TH STREET SUITE 1414
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE D
NAME BLOODE, PETE
STREET ADDRESS 210 174TH STREET SUITE 1414
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE D
NAME MORA, JOHN
STREET ADDRESS 210 174TH STREET SUITE 1414
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

John L. Mora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Mora

4/22/7

Date

305-401-8385

Daytime Phone #