

## **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000154088

Entity Name: MORELIA CONSTRUCTION, CORP.

**FILED**  
**Oct 21, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

5195 RICHMOND AVENUE  
FORT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 51499  
FORT MYERS, FL 33994 US

**New Mailing Address:**

FEI Number: 20-1857031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VAZQUEZ, MIGUEL G  
5195 RICHMOND AVENUE  
FORT MYERS, FL 33905 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VAZQUEZ, MIGUEL G  
Address: 5195 RICHMOND AVENUE  
City-St-Zip: FORT MYERS, FL 33905

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Change (X) Addition  
Name: RAMIREZ, LUIS VP  
Address: 5195 RICHMOND AVE  
City-St-Zip: FORT MYERS, FL 33905

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL G. VAZQUEZ

P

10/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date