

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156902

FILED  
Feb 21, 2006  
Secretary of State

Entity Name: ADAM MORALES INCORPORATED

**Current Principal Place of Business:**

2157 SE CARLSTROM FIELD RD  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

2157 SE CARLSTROM FIELD RD  
ARCADIA, FL 34266

**New Mailing Address:**

FEI Number: 14-1918152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AGENTS AND CORPORATIONS INC  
773 4TH AVE N SUITE E  
NAPLES, FL 34102 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MORALES, ADAM  
Address: 2157 SE CARLSTROM FIELD RD  
City-St-Zip: ARCADIA, FL 34266

Title: DT ( ) Delete  
Name: MARTINEZ, RAUL  
Address: 2157 SE CARLSTROM FIELD RD  
City-St-Zip: ARCADIA, FL 34266

Title: DS ( ) Delete  
Name: BERNADAC, JULIO  
Address: 2157 SE CARLSTROM FIELD RD  
City-St-Zip: ARCADIA, FL 34266

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

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

Title: DT (X) Change ( ) Addition  
Name: CHAVEZ, JOSE E  
Address: 2157 SE CARLSTROM FIELD RD  
City-St-Zip: ARCADIA, FL 34266

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARIA MORALES

DS

02/21/2006

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

\_\_\_\_\_  
Date