

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156902

FILED
May 02, 2007
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: CHAVEZ, JOSE E
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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S () Change (X) Addition
Name: MORALES, MARIA N
Address: 2157 SE CARLSTROM FIELD RD
City-St-Zip: ARCADIA, FL 34266

I hereby certify that the information supplied with this filing does not qualify 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 NANCY MORALES

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05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date