


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

|                                       |   |
|---------------------------------------|---|
| DOCUMENT # P05000007192               |  |
| 1. Entity Name<br>JORGE MORALES, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>8837 NW 115TH ST.<br>HIALEAH GARDENS, FL 33018 | Mailing Address<br>8837 NW 115TH ST.<br>HIALEAH GARDENS, FL 33018 |
|---|---|



03212007 No Chg-P CR2E034 (11/05)

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|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br>20-2206214  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

ALI & ASSOCIATES, PLLC  
 2930 OKEECHOBEE BLVD.  
 207  
 WEST PALM BEACH, FL 33409

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

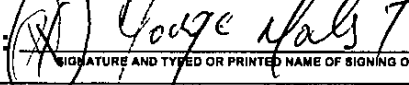
|   |   |                                    |
|---|---|------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MORALES, JORGE O<br>8837 NW 115TH ST.<br>HIALEAH GARDENS, FL 33018 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MORALES, JORGE O<br>8837 NW 115TH ST.<br>HIALEAH GARDENS, FL 33018 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 04/03/07-80063-002 158.75

**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:  **Jorge Morales**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/21/07** Daytime Phone #: **(205) 335-6740**