## 2006 FOR PROFIT CORPORATION ANNUAL REPORT



## FILED May 09, 2006 8:00 am Secretary of State

| DOCL  |   |   |  |  |                      | 04-12-20                       |                          |                             |  |
|---|---|---|--|--|----------------------|--------------------------------|--------------------------|-----------------------------|--|
| DOCUMENT # P05000024719  1. Entity Name FRANCISCO MORALES, INC  |   |   |  |  |                      | 01122                          |                          |                             |  |
| Principal Place   | o of Business   | Mailing Address                           |  |  | 1                    |                                | oca1                     | 15559                       | 4                                      |
|   |   |   | 00744  |  |                      |                                | ppn.                     | 1900.                       | J                                      |
|   | D LANE NORTH  | 13513 82ND LANE NO                        |  |  |                      |                                | -                        |                             |  |
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| Suite, Apt.   | # ote   | Suite, Apt. #, etc.                       |  | 4  |                      |                                |                          |                             |  |
| Omto, Apr.  |   | J. J  |  |  | 03102006             | Chg-P                          | CR2E0                    | 34 (11/05)                  |  |
| City & State  |   | City & State                              |  |  | 4. FEI Number        | ,                              |                          | I lan                       | olied For                              |
| Ony & Onlin   | -   | J, 2 3.5.5                                |  |  |                      | 35239                          | 5                        | <u></u>                     | Applicable                             |
| Zip   | Country   | Zip                                       | Coun   | try  | 1                    |                                |                          | \$8.75 Add                  |  |
|   | 332,  |   |  | -,   | 5. Certificate of    | f Status Desired               |                          | Fee Required                |  |
| _   | 5: Name and Address of Current  | Registered Agent                          | 1  | · · · · · ·  | 7. Name and A        | ddress of New R                |                          |                             |  |
| -   |   |   |  | Nаme   | *                    |                                |                          |                             |  |
| MORALES   | S. FRANCISCO  |   |  |  |                      |                                |                          |                             |  |
|   | ND LANE NORTH   |   |  | Street Address (   | P.O. Box Number      | is Not Acceptable              | )                        |                             |  |
|   | LM BEACH, FL 33412  |   |  |  |                      |                                |                          |                             |  |
|   |   |   |  |  |                      |                                |                          |                             |  |
|   |   |   |  | City   |                      |                                |                          | Zip Code                    |  |
|   |   |   |  |  |                      |                                | FL                       | ] Span                      | <b>'</b>                               |
|   | named entity submits this statement for   | r the purpose of changing its             | s registere  | ed office or register  | red agent, or both   | , in the State of Ro           | rida. I am f             | amiliar with,               | and accept                             |
| the obligat   | tions of registered agent.  |   |  |  |                      |                                |                          |                             |  |
|   |   |   |  |  |                      |                                |                          |                             | i                                      |
| SIGNATURE.  | Signature, typed or printed name of registered agent  | and title d applicable (NO                | TE: Receture   | d Agent signazire require  | when remested)       |                                | DATE                     |                             |  |
|   |   |   |  |  |                      |                                |                          |                             |  |
|   |   | 9. Election Campa                         | aion Finar   | icina <b>4</b> 4   | .00 May Be           |                                |                          |                             |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.   | 1   |  |  |                      |                                |                          |                             | 1                                      |
|   | •   | 00   110311010001                         | TELEBRICON.  | LI Add   | led to Fees          |                                |                          |                             | - 1                                    |
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| 10.   | OFFICERS AND  |   | 11.  | A00  |                      | HANGES TO OFFI                 | CERS AND                 | DIRECTORS                   | S IN 11                                |
| 10.<br>111년   | Р   |   |  |  |                      | HANGES TO OFFI                 | CERS AND                 | DIRECTORS                   | S IN: 11                               |
|   | <del>,</del>  | DIRECTORS                                 | 11.  |  |                      | HANGES TO OFFI                 | CERS AND                 |                             |  |
| IIILE   | Р   | DIRECTORS                                 | 11.  | E<br>ET ADDRESS  |                      | HANGES TO OFFI                 | CERS AND                 |                             |  |
| TITLE   | P<br>MORALES, FRANCISCO   | DIRECTORS Delete                          | 11.  |  |                      | HANGES TO OFFI                 | CERS AND                 |                             |  |
| TITLE<br>HAME<br>STREET ADDRESS   | P<br>MORALES, FRANCISCO<br>13513 82ND LANE NORTH  | DIRECTORS Delete                          | 11.  | E<br>ET ADDRESS<br>-ST-ZIP   |                      | HANGES TO OFFI                 | CERS AND                 |                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-EP  | P<br>MORALES, FRANCISCO<br>13513 82ND LANE NORTH<br>WEST PALM BEACH, FL 33412   | DIRECTORS Delete                          | 11.<br>HAM<br>STRE<br>CITY   | E<br>ET ADDRESS<br>•SI-ZIP   |                      | HANGES TO OFFI                 | CERS AND                 | Ctrange                     | Addition                               |
| HILE HAME STREET ADDRESS CITY-ST-EP TITLE   | P<br>MORALES, FRANCISCO<br>13513 82ND LANE NORTH<br>WEST PALM BEACH, FL 33412<br>VP   | DIRECTORS Delete                          | 11. INCLE NAME STREE CITY THELE NAME   | E<br>ET ADDRESS<br>•SI-ZIP   |                      | HANGES TO OFFI                 | CERS AND                 | Ctrange                     | Addition                               |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME  | P<br>MORALES, FRANCISCO<br>13513 82ND LANE NORTH<br>WEST PALM BEACH, FL 33412<br>VP<br>AGUILAR, PATRICIA M                          | DIRECTORS  Delete  Delete                 | 11. HILLE NAME STREE CITY TITLE NAME STREE   | ET ADDRESS<br>-ST-ZP   |                      | HANGES TO OFFI                 | CERS AND                 | Ctrange                     | Addition                               |
| TITLE RAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>MORALES, FRANCISCO<br>13513 82ND LANE NORTH<br>WEST PALM BEACH, FL 33412<br>VP<br>AGUILAR, PATRICIA M<br>13513 82ND LANE NORTH | DIRECTORS  Delete  Delete                 | 11. HAM STRE CITY TITLE NAME STRE CITY   | E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP -SI-ZIP -SI-ZIP  |                      | HANGES TO OFFI                 | CERS AND                 | Change                      | Addition                               |
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3-14-06 (186)295-9168