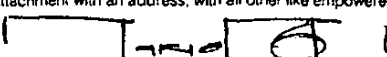


2/3/2006-90011-037-\$150.00-\$150.00

FILED

06 FEB 28 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000063247 1. Entity Name MARIO MORALES PLAN DESIGNERS INC			FILED 06 FEB 28 AM 9:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 14982 SW 71 ST. MIAMI, FL 33193		Mailing Address 14982 SW 71 ST. MIAMI, FL 33193	
2. Principal Place of Business 6820 SW 140 COURT		3. Mailing Address 6820 SW 140 COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI		City & State MIAMI - FL	
Zip 33193	Country PAGE	Zip 33193	Country PAGE
6. Name and Address of Current Registered Agent MORALES, MARIO A. 14982 SW 71 ST. MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PT MORALES, MARIO A. 14982 SW 71 ST. MIAMI, FL 33193		☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition	
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 507, 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:  MARIO MORALES 01/20/06 786-877-2557			