

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000053895

FILED
Feb 19, 2008
Secretary of State

Entity Name: MOREIRA & FAGUNDES CORPORATION

Current Principal Place of Business:

457 CRYSTAL MYST RD NW
ORLANDO, FL 32907 US

New Principal Place of Business:

457 CRYSTAL MYST RD NW
PALM BAY, FL 32907 US

Current Mailing Address:

457 CRYSTAL MYST RD NW
ORLANDO, FL 32907 US

New Mailing Address:

457 CRYSTAL MYST RD NW
PALM BAY, FL 32907 US

FEI Number: 20-4702203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEIXEIRA, EMIDIO
457 CRYSTAL MYST RD NW
ORLANDO, FL 32907 US

Name and Address of New Registered Agent:

TEIXEIRA, EMIDIO
457 CRYSTAL MYST RD NW
PALM BAY, FL 32907 US

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: EMIDIO TEIXEIRA

02/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TEIXEIRA, EMIDIO
Address: 457 CRYSTAL MYST RD NW
City-St-Zip: ORLANDO, FL 32907 US

Title: VP () Delete
Name: FAGUNDES, HELITON M
Address: 457 CRYSTAL MYST RD NW
City-St-Zip: ORLANDO, FL 32907 US

Title: T () Delete
Name: FAGUNDES, MARILEI M
Address: 457 CRYSTAL MYST RD NW
City-St-Zip: ORLANDO, FL 32907 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FAGUNDES, MARILEI M
Address: 457 CRYSTAL MYST RD NW
City-St-Zip: PALM BAY, FL 32907 US

Title: VP (X) Change () Addition
Name: TEIXEIRA, EMIDIO
Address: 457 CRYSTAL MYST RD NW
City-St-Zip: PALM BAY, FL 32907 US

Title: T (X) Change () Addition
Name: FAGUNDES, HELINTON M
Address: 457 CRYSTAL MYST RD NW
City-St-Zip: PALM BAY, FL 32907 US

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: MARILEI M FAGUNDES

P

02/19/2008

Electronic Signature of Signing Officer or Director

Date