



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90014 046 ***150.00

DOCUMENT # P07000020429 1. Entity Name MORALES SERVICES CORP			
Principal Place of Business 8060 N. SUNRISE LAKES BLDG 27, #111 SUNRISE, FL 33322		Mailing Address 8060 N. SUNRISE LAKES BLDG 27, #111 SUNRISE, FL 33322	
2. Principal Place of Business - No P.O. Box # 2021 NW - 64TH AVE.		3. Mailing Address 2021 NW - 64TH AVE.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State SUNRISE, FLORIDA		City & State SUNRISE, FLORIDA	
Zip 33313		Zip 33313	
Country U.S.A.		Country U.S.A.	
4. FEI Number 20-8449518		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORALES, LUIS 6121 NW 11TH ST SUITE 101 SUNRISE, FL 33313		7. Name and Address of New Registered Agent Name MORALES, LUIS Street Address (P.O. Box Number is Not Acceptable) 2021 NW - 64TH AVE. SUNRISE City SUNRISE FL Zip Code 33313	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MORALES, LUIS 6121 NW 11TH ST SUITE 101 SUNRISE, FL 33313	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 		Date 04-17-2008 Daytime Phone # 954-296-5174	

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From: "manuel Delgadillo" <madel_us@yahoo.com>

To: corpaddresschange@dos.state.fl.us

Division of Corporations
Department of State

[]

[]

Dear Division of corporations:

My Folders []

due to I have changeD of address, I'm informing to you
the new address:2021 NW - 64TH AVE.
SUNRISE, FL 33313THE ABOVE ADDRES APPLIES FOR 1) PRINCIPAL OFFICE
2) Mailing Address
3) Officer/Director

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Thankful by your attention at the present, I take
advantage of the opportunity to greet you

Respectfully Submitted:

LUIS MORALES
President

NOTE:

NAME OF THE CORPORATION: Morales Services corp

DOCUMENT NUMBER P07000020429

FEIN: 20-8449518

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