

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90369 040 ***150.00

DOCUMENT # P07000098243

1. Entity Name
MORATECH SOLUTIONS, INC.



Principal Place of Business
**2778 SW 177 AVE
MIRAMAR, FL 33029**

Mailing Address
**2778 SW 177 AVE
MIRAMAR, FL 33029**

40085735

2. Principal Place of Business - No P.O. Box #
4680 NW 107 Ave

3. Mailing Address
PO Box 442625

Suite, Apt. #, etc.
APT 1501

City & State
Miami FL

Zip
33178

Country



03132008 Chg-P CR2E034 (12/06)

4. FEI Number
26-0815945

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORA, ALLEN
2778 SW 177 AVE
MIRAMAR, FL 33029

7. Name and Address of New Registered Agent

Name
Allen Mora

Street Address (P.O. Box Number is Not Acceptable)
4680 NW 107 Ave

APT 1501

City
Miami

FL Zip Code
33178

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 DATE **4/22/08**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PSTD MORA, ALLEN 2778 SW 177 AVE MIRAMAR, FL 33029	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MORA, ALLEN 4680 NW 107 Ave APT 1501 Miami, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: DATE **4/22/08** DAYTIME PHONE # **786-547-1351**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR