


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90048 021 ***150.00

| | | |
|---|--|---|
| DOCUMENT # P07000100798 | |  |
| 1. Entity Name MOREJON DELIVERY, INC. | | |

| | |
|---|---|
| Principal Place of Business 54 W 26TH STREET APT #4 HIALEAH, FL 33010 | Mailing Address 54 W 26TH STREET APT #4 HIALEAH, FL 33010 |
|---|---|

40006556



| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01092008 Chg-P CR2E034 (12/06)

| | |
|--|--|
| 4. FEI Number 26-1082776 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired 26-1082776 <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent MAGARINO, MARIA C 1450 CORAL WAY STE 5 MIAMI, FL 33145 | | 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

**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 | PT ROJAS, MIGUEL MOREJON 54 W 26TH STREET, APT. #4 HIALEAH, FL 33010 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROJAS, MIGUEL MOREJON 54 W 26TH STREET, APT. #4 HIALEAH, FL 33010 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/08

Date

305 244-7855

Daytime Phone #