

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 27, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90024 037 \*\*\*550.00

<b>DOCUMENT # P07000104553</b> 1. Entity Name <b>MORCATE CONSULTING AND APPRAISALS, INC.</b>																													
Principal Place of Business <b>7027 W. BROWARD BLVD. #230 PLANTATION, FL 33317</b>			Mailing Address <b>7027 W. BROWARD BLVD. #230 PLANTATION, FL 33317</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">450577219</div>																									
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>GONZALEZ, MARIANO R ESQ. 8105 NW 155TH STREET MIAMI LAKES, FL 33016</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 submitting) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MORCATE, CARLOS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7027 W. BROWARD BLVD. #230</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PLANTATION, FL 33317</td> <td></td> </tr> </table>			TITLE	PSD	<input type="checkbox"/> Delete	NAME	MORCATE, CARLOS		STREET ADDRESS	7027 W. BROWARD BLVD. #230		CITY- ST- ZIP	PLANTATION, FL 33317		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: <div style="float: right; text-align: right;"> <div style="font-size: 1.2em; font-family: monospace;">5/7/08</div> <div style="font-size: 1.2em; font-family: monospace;">(9)914-6918.</div> </div>																													
<div style="font-size: 0.8em;">SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div> <div style="font-size: 0.8em; text-align: right;">Date Daytime Phone #</div>																													