

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125710

FILED
Apr 13, 2009
Secretary of State

Entity Name: MORENO MORENO RECINOS FINISHING, INC.

Current Principal Place of Business:

112 WINCHESTER LANE
HAINES CITY, FL 33844 US

New Principal Place of Business:

482 MATHEWS ST
HAINES CITY, FL 33844 US

Current Mailing Address:

112 WINCHESTER LANE
HAINES CITY, FL 33844 US

New Mailing Address:

482 MATHEWS ST
HAINES CITY, FL 33844 US

FEI Number: 26-1448186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO, ANGEL
112 WINCHESTER LANE
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

MORENO, ANGEL
482 MATHEWS ST
HAINES CITY, FL 33844 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: ANGEL MORENO

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORENO, ANGEL
Address: 112 WINCHESTER LANE
City-St-Zip: HAINES CITY, FL 33844

Title: VP () Delete
Name: RECINOS-LANDAUVERDE, LUIS
Address: 112 WINCHESTER LANE
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP () Delete
Name: MORENO, JOSE
Address: 112 WINCHESTER LANE
City-St-Zip: HAINES CITY, FL 33844 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORENO, ANGEL
Address: 482 MATHEWS ST
City-St-Zip: HAINES CITY, FL 33844

Title: VP (X) Change () Addition
Name: RECINOS-LANDAUVERDE, LUIS
Address: 482 MATHEWS ST
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP (X) Change () Addition
Name: MORENO, JOSE
Address: 482 MATHEWS ST
City-St-Zip: HAINES CITY, FL 33844 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: ANGEL MORENO

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date