

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000062960

Entity Name: MORRIS VALVES, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5590 NW 84TH AVENUE, SUITE #C  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

5590 NW 84TH AVENUE, SUITE #C  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 27-3174435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IGLESIAS, ADOLFO E  
12060 SW 129TH COURT, SUITE 104  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DV  
Name: MORALES ESCALANTE, MIRIAM ZULEYMA  
Address: 5590 NW 84TH AVENUE, SUITE #C  
City-St-Zip: MIAMI, FL 33166

Title: DP  
Name: MOGOLLON, WILLIAMS  
Address: 5590 NW 84TH AVENUE, SUITE #C  
City-St-Zip: MIAMI, FL 33166

Title: S  
Name: TOMASINI, ROLANDO  
Address: 5590 NW 84TH AVENUE, SUITE #C  
City-St-Zip: MIAMI, FL 33166

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM MOGOLLON

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04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date