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Secretary of State

05-03-2006 90219 040 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P35488
 1. Entity Name
 MORAL MORTGAGE CORPORATION



40081635

Principal Place of Business
 1451 ROOSEVELT AVENUE
 SAN JUAN, P.R., 00920-2717

Mailing Address
 P.O. BOX 71528
 SAN JUAN, P.R., 00936-8628



04062006 No Chg-P CR2E034 (11/05)

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4. FEI Number
 66-0385296 Applied For
 Not Applicable

5. Certificate of Status Desired \$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MENDEZ, SERGIO L. ESQ.
 901 PONCE DE LEON BLVD. Suite #290
 CORAL GABLES, FL 33134
 CORAL GABLES, FL 33146

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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 Sergio L. Mendez, Esq. 4/19/06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN VÉLEZ, EDISON 1451 ROOSEVELT AVENUE SAN JUAN, P.R., 009202717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & CEO MENÉNDEZ, RAUL 1451 ROOSEVELT AVENUE SAN JUAN, P.R., 009202717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RIVERA-MUNICH, FERNANDO 1451 ROOSEVELT AVENUE SAN JUAN, P.R., 009202717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: Edison Vélez 4/17/06 (787)474-6501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #