

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000019484 1. Entity Name MORALES ENTERPRISES SERVICES CORPORATION	
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Principal Place of Business 1301 SW 67TH AVE #30 MIAMI, FL 33144	Mailing Address 1301 SW 67TH AVE #30 MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



06162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0398841	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORALES, GLORIA E 1301 SW 67TH AVE #30 MIAMI, FL 33144
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, GLORIA E 1301 SW 67TH AVE #30 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, ROLANDO A 1301 SW 67TH AVE #30 MIAMI, FL 33144
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07/03/06-80002-001 550.00

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:  **ROLANDO MORALES** 06-27-06 (305) 269-8110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #