2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000057309

1. Entity Name
MORALES LATH CO., INC.

Check# 2080 $150⁰⁰

Principal Place of Business	Mailing Address
4225 SW 97 AVENUE MIAMI, FL 33165	4225 SW 97 AVENUE MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

02182005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0434215	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORALES, JOSE R
4225 SW 97 AVE.
MIAMI, FL 33165

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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
Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MORALES, JOSE R
STREET ADDRESS	4225 SW 97 AVE.
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VP
NAME	MORALES, GLADY R
STREET ADDRESS	4225 SW 97 AVE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/05-80050-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   02-18-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #