2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000057309

1. Entity Name
MORALES LATH CO., INC.

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

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02012007   Chg-P   CR2E034 (12/06)

4. FEI Number: 65-0434215 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
MORALES, JOSE R 4225 SW 97 AVE. MIAMI, FL 33165	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: MORALES, JOSE R STREET ADDRESS: 4225 SW 97 AVE. CITY-ST-ZIP: MIAMI, FL 33165	☐ Delete	TITLE: P S T D NAME: Jose R. Morales STREET ADDRESS: 4225 SW 97 Ave CITY-ST-ZIP: Miami, FL 33165	☐ Change ☒ Addition
TITLE: VP NAME: MORALES, GLADY R STREET ADDRESS: 4225 SW 97 AVE CITY-ST-ZIP: MIAMI, FL 33155	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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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: _Ruti Morales_   2/1/07   (786) 41L-5288

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