


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90019 036 \*\*\*150.00

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|---|--|--|--|--|---|
| <b>DOCUMENT # P93000062531</b>  |  |  |  |                                       |   |
| <b>1. Entity Name</b><br><b>MOROCCO FINANCE CORP.</b>   |  |  |  |  |   |
| <b>Principal Place of Business</b><br><b>9601 COLLINS AVE</b><br><b>STE 510</b><br><b>BAL HARBOUR, FL 33154-2211</b>  |  |  | <b>Mailing Address</b><br><b>9601 COLLINS AVE</b><br><b>STE 510</b><br><b>BAL HARBOUR, FL 33154-2211</b>   |  |   |
| <b>2. Principal Place of Business</b>   |  |  | <b>3. Mailing Address</b>  |  |   |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.  |  |   |
| City & State  |  |  | City & State   |  |   |
| Zip   |  | Country  |  | Zip  |   |
| Country   |  | Country  |  | <b>4. FEI Number</b><br><b>65-0435290</b>  |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |  | <b>\$8.75 Additional Fee Required</b>  |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>ELKAIM, COUNT DE S.G.</b><br><b>9601 COLLINS AVE</b><br><b>STE 510</b><br><b>BAL HARBOUR, FL 33154-2211</b>  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |   |
| <b>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.</b><br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <b>P</b><br><b>ELKAIM, COUNT DE S.G.</b><br><b>9601 COLLINS AVENUE SUITE 510</b><br><b>MIAMI, FL 33154</b> | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <b>S</b><br><b>ELKAIM, COUNTESS DE SG</b><br><b>9604 COLLINS AVENUE STE 510</b><br><b>MIAMI, FL 33154</b>  | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <b>V</b><br><b>ELKAIM, ESTHER de S.G.</b><br><b>9601 COLLINS AVENUE SUITE 510</b><br><b>BAL HARBOUR, FL 33154-2211</b> |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| <b>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.</b> |  |  |  |  |   |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | <b>COUNT de S.G. ELKAIM</b><br><small>Date</small>   |  | <b>02-02-2006</b><br><small>Daytime Phone #</small> |
|   |  |  | <b>800 734 8172</b>  |  |   |