

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000084175 1. Entity Name H. MORAN & SONS, INC.	
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Principal Place of Business 5351 NW 167TH ST MIAMI, FL 33055	Mailing Address 5351 NW 167TH ST MIAMI, FL 33055
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DO NOT WRITE IN THIS SPACE



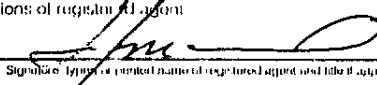
04082005 No Chg-P CR2E034 (10/03)

4. FET Number 65-0453617	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORAN, HERIBERTO 5351 NW 167TH ST MIAMI, FL 33055
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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  DATE _____

Signature: Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)

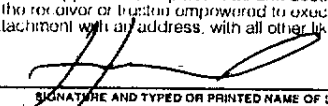
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP MORAN, HERIBERTO 5351 NW 167TH ST MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY ST ZIP	DV MORAN, JUAN C 5351 NW 167TH ST MIAMI, FL 33055
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TITLE NAME STREET ADDRESS CITY ST ZIP	
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UN00000300980
04/13/05-80013-018 150.00

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IN THIS SPACE**

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:  TITLE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR