


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000082084
 1. Entity Name
 MORAG PRODUCTIONS, INC.



Principal Place of Business 21216 HARBOR WAY #157 AVENTURA, FL 33180	Mailing Address 21216 HARBOR WAY #157 AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0622276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELJKOVIC, MORAG
 21216 HARBOR WAY.
 #157
 AVENTURA, FL 33180

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

UN00000906425
 05/02/08 00021 024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD VELJKOVIC, MORAG 21216 HARBOR WAY #157 AVENTURA, FL 33180
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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: Morag Veljkovic 4/14/08 (305) 937-2586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #