

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90005 011 \*\*\*150.00

<b>DOCUMENT # P97000085733</b>			
1. Entity Name <b>MORADO ENTERPRISES, INC.</b>			
Principal Place of Business <b>17800-D LAKE CARLTON DR LUTZ, FL 33558 US</b>		Mailing Address <b>17800-D LAKE CARLTON DR 1208 LUTZ, FL 33558 US</b>	
2. Principal Place of Business <b>2235 CURZON WAY</b>		3. Mailing Address <b>→ SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>ODESSA, FL</b>		City & State	
Zip <b>33556</b>	Country	Zip	Country



02072006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3472726</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>FALTYNKOVA, MONIKA 2901 N. DALE MABRY #1208 TAMPA, FL 33607</b>		7. Name and Address of New Registered Agent Name <b>MONIKA VLASAK</b> Street Address (P.O. Box Number is Not Acceptable) <b>2235 CURZON WAY</b> City <b>ODESSA</b> FL Zip Code <b>33556</b>	
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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 *Monika Vlasak* **MONIKA VLASAK**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **REG. AGENT** **2/26/06**  
DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FALTYNKOVA, MONIKA</b> <b>17800-D LAKE CARLTON DR.</b> <b>LUTZ, FL 33558</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MONIKA VLASAK</b> <b>2235 CURZON WAY</b> <b>ODESSA, FL 33556</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>VLASAK, RADOMIL</b> <b>17800-D LAKE CARLTON DR.</b> <b>LUTZ, FL 33558</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>2235 CURZON WAY</b> <b>ODESSA, FL 33556</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Monika Vlasak* **MONIKA VLASAK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRES.** **2/26/06** **813-493-4020**  
Date Daytime Phone #