

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90182 042 ***150.00

DOCUMENT # P97000085733

1. Entity Name
MORADO ENTERPRISES, INC.



Principal Place of Business

2235 CURZON WAY
ODESSA, FL 33556 US

Mailing Address

2235 CURZON WAY
ODESSA, FL 33556 US

2. Principal Place of Business - No P.O. Box #

2246 CURZON WAY

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ODESSA, FL

City & State

Zip

33556

Country

Zip

Country

01082007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3472726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VLASAK, MONIKA
235 CURZON WAY
ODESSA, FL 33556

7. Name and Address of New Registered Agent

Name **MONIKA VLASAK**

Street Address (P.O. Box Number is Not Acceptable)

2246 CURZON WAY

City **ODESSA**

FL

Zip Code

33556

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
REG. AGENT

4-24-07

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

TITLE **P** ☐ Delete
NAME **VLASAK, MONIKA**
STREET ADDRESS **2235 CURZON WAY**
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE **VP** ☐ Delete
NAME **VLASAK, RADOMIL**
STREET ADDRESS **2235 CURZON WAY**
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2246 CURZON WAY**
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE ☒ Change ☐ Addition
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CITY-ST-ZIP **ODESSA, FL 33556**

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NAME
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CITY-ST-ZIP

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
PRES.

4-24-07 813-493-4020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #