

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90258 040 \*\*\*150.00

**DOCUMENT # P98000024447**

1. Entity Name  
**MORITA SPECIAL U.S.A. CORP.**



Principal Place of Business  
**104-70 NW 26 ST., BLDG B  
MIAMI, FL 33172**

Mailing Address  
**104-70 NW 26 ST., BLDG B  
MIAMI, FL 33172**



2. Principal Place of Business  
**6000 N.W. 97th Ave.  
Suite, Apt. #, etc. # 17**

3. Mailing Address  
**6000 N.W. 97th Ave.  
Suite, Apt. #, etc. # 17**

01132006 Chg-P CR2E034 (11/05)

City & State  
**Doral, FL**

City & State  
**Doral, FL**

4. FEI Number  
**65-0819459**

Applied For  
Not Applicable

Zip  
**33178**

Country  
**USA**

Zip  
**33178**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**BOCCIO, THOMAS  
3555 N.W. 74TH AVENUE  
MIAMI, FL 33122**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **CHEW, MARGARET**  
STREET ADDRESS **1531 N.W. 180TH WAY**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **CHEW, THOON-SENG**  
STREET ADDRESS **1531 NW 180 WAY**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06 305-572-8881  
Date Daytime Phone #