

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90030 004 ***150.00

DOCUMENT # P98000108285 1. Entity Name MURRAYCO, INC.			
Principal Place of Business 2854 NW 72 AVE MIAMI, FL 33122		Mailing Address 2854 NW 72 AVE MIAMI, FL 33122	
2. Principal Place of Business - No P.O. Box # 15943 SW 147 St		3. Mailing Address 15943 SW 147 St	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami, FL		City & State Miami, FL	
Zip 33196		Zip 33196	
Country USA		Country USA	
4. FEI Number 65-0888394		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, KAREN G 2854 NW 72 AVE MIAMI, FL 33122		7. Name and Address of New Registered Agent Name Karen G. Murray Street Address (P.O. Box Number is Not Acceptable) 15943 SW 147 Street City Miami FL Zip Code 33196	
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 <u><i>Karen G. Murray</i></u> 8/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRAY, KAREN G 2854 NW 72 AVE MIAMI, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Murray, Karen G 15943 SW 147 Street Miami, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MURRAY, CHARLES 2854 NW 72 AVE MIAMI, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Murray, Charles 15943 SW 147 Street Miami, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 full other like empowered.			
SIGNATURE: <u><i>Karen G. Murray</i></u> Karen G Murray 8/28/08 305-282-8284 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			