


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90015 029 ***158.75

DOCUMENT # S03392
 1. Entity Name
MORA ENGINEERING CONTRACTORS, INC.



Principal Place of Business: 9660 W SAMPLE RD, STE 301, CORAL SPRINGS, FL 33065
 Mailing Address: 9660 W SAMPLE RD, STE 301, CORAL SPRINGS, FL 33065

20000421



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

01042005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
MORA, CARLOS V.
9600 NW 25TH COURT
CORAL SPRINGS, FL 33065

4. FEI Number: 65-0226657 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

B. 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, 2005 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,D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORA, CARLOS V			NAME			
STREET ADDRESS	9600 N.W. 25TH COURT			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33065			CITY-ST-ZIP			
TITLE	AVT,	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORA, MONICA S			NAME			
STREET ADDRESS	9600 N.W. 25TH COURT			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33065			CITY-ST-ZIP			
TITLE	EVS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOURY, MICHEL E			NAME			
STREET ADDRESS	4859 NW 53 CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	COCONUT CREEK, FL 33073			CITY-ST-ZIP			
TITLE	VPMS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWEET, JAY L			NAME			
STREET ADDRESS	12232 - 52 ROAD NORTH			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33411			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michel E. Noury Date: 1/4/05 Daytime Phone #: 954-752-8065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR