

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S23349

1. Entity Name
MORALES REALTY, INC.



Principal Place of Business
1000 PONCE DE LEON BLVD.
SUITE 314
CORAL GABLES, FL 33134 US

Mailing Address
1000 PONCE DE LEON BLVD.
SUITE 314
CORAL GABLES, FL 33134 US

FILED

04 APR 28 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0238260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORALES, JOSE R.
1000 PONCE DE LEON BLVD.
SUITE 314
CORAL GABLES, FL 33134

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORALES, JOSE R. 1000 PONCE DE LEON BLVD. CORAL GABLES, FL
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300035786603
05/07/04--01094--026 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/04 305-441-7602