

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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**



04102007 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORALES, JOSE R.
STREET ADDRESS	1000 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/07-80001-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #