2008 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # S23349** FILED 1. Entity Name MORALES REALTY, INC. 2008 APR 25 AM 11: 03 Principal Place of Business Mailing Address SECRETARY OF STATE 1000 PONCE DE LEON BLVD. 1000 PONCE DE LEON BLVD. TALLAHASSEE, FLORIDA **SUITE 314** SUITE 314 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 US 03052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0238260 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORALES, JOSE R. DO NOT WRITE 1000 PONCE DE LEON BLVD. **SUITE 314** IN THIS SPACE CORAL GABLES, FL 33134 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS n TITLE MORALES, JOSE R. NAME 1000 PONCE DE LEON BLVD. STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 7ITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 reposts 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 of 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

444-7602

Daytime Phone #