2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09. 2005 08:00 AM

AMICALIE				Ten 03, 2003 00:00 A			
1. Entity Nam	MENT # V41829 M. MORALĒS, P.A.				Sec	cretary	of State
44 W FLAGL STE #1500		Mailing Address 44 W FLAGLER STREET STE #1500 MIAMI, FL 33130-6805 US		} 			
		And the second s			,		
	O NOT WRITE	IN THIS SPA	CÉ	01142005 4. FEI Number	No Chg-P	CR2E034 (Applied For
	i Marin Sa			65-0342 5. Certificate of			Not Applicable 75 Additional Required
	6. Name and Address of Current Re	4.44##	2 3 2 4 1 2 3 2 4 1 2 4 2 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 14 2 14 14 14 14 14 14 14 14 14 14 14 14 14	a a a a a a a a a a a a a a a a a a a 		*
	S, CARMEN M. FLAGLER STREET			1.00	NOT W HIS SP		ा अस्य स्टब्स्स्य स्टब्स्स्य । स्टब्स्य स्टब्स्स्य स्टब्स्स्य स्टब्स्स्य स्टब्स्स्य स्टब्स्स्य स्टब्स्स्य स्टब्स्स्य स्टब्स्स्य स्टब्स्स्य स
	named entity submits this statement for titions of registered agent.	ne purpose of changing its register	ed office or register	ed agent, or both,	in the State of Flor	ida. I am fami	liar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	titio if applicable. (NOTE Registere	d Agent signature required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees			
10.	OFFICERS AND DI	RÉCTORS	2 (F.N. ⁴), (Mar)	roma (LECTO)	The second secon		* * 12. 402 * 12.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORALES, CARMEN M 44 WEST FLAGLER STREET, #15 MIAMI, FL 331306805	00			udbaac 12/09/05-1	222371 3007 1 -02	1 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		 	ি সাম্প্রিক	egen and the angular			The second second
TITLE NAME		V = - 			tine of the set		कार के कि समितिक के कि कार के कि कार का कि क कि का कि
STREET ADDRESS CITY-ST-ZIP			A CHORACTURAL AND		W TON		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			And the state of t	INT	HIS SP	ACE	
TITLE			- Line Co				
NAME STREET ADDRESS CITY-ST-ZIP				i wasani	المشي المعالم	• .	त्यातीय ति १० तिक्कात्रस्यक्षती जन्म विकासिका
TITLE NAME STREET ADDRESS			Andreas	THE CAMPUTE STATE	สร้างสร้างที่ เพื่อ เมากรรม เราะสมาครองการเกราะ เป็นสิติสเมณ ์สิต ร์ เสียง	e green Trojek estrelik kan	
CITY-ST-ZIP			grading a gradients	County of Eggs 5 costs of the		ورو باد مود	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

SIGNATURE

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Description 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report of signature and exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signatures 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 his report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter or trustee empowered to execute his report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter or trustee empowered to execute his report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter or the corporation of the corporation or the corporatio

SIGNATURE AND TYPED ON PRINTED NAME OF