


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000147622**  
 1. Entity Name  
**MOREX INTERNATIONAL CORP.**



Principal Place of Business 2630 NW 75 AVE. MIAMI, FL 33122	Mailing Address 2630 NW 75 AVE. MIAMI, FL 33122
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**DO NOT WRITE IN THIS SPACE**



02172005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

MORENO, ADOLFO  
 2630 NW 75 AVE.  
 MIAMI, FL 33122

**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 \_\_\_\_\_ 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

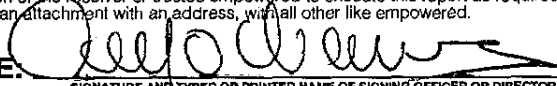
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORENO, ADOLFO 11552 SW 100 AVE. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MORENO, PILAR 11552 SW 100 AVE. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/08/05-80059-024 150.00

**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:  04/05/05 305-594-0694  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #