

**2004 FOR PROFIT CORPORATION-  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90081 016 \*\*\*158.75

**DOCUMENT # 259975**  
1. Entity Name  
**MORLAND PROPERTIES, INC.**



Principal Place of Business  
**129 NE 8TH STREET  
HOMESTEAD FL 33030  
US**

Mailing Address  
**129 NE 8TH STREET  
HOMESTEAD FL 33030  
US**

2. Principal Place of Business  
**129 NE 8TH ST.**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc. **-**

City & State  
**Wt. Fl.**

City & State

Zip **33030** Country **USA**

Zip **-** Country **-**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
**PICCINI, ALFREDO  
6600 CASTANEDA ST  
CORAL GABLES FL 33146**

4. FEI Number **59-1010969**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Alfredo Piccini  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	PICCINI, ALFREDO	
STREET ADDRESS	6600 CASTANEDA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PICCINI, CELIA	
STREET ADDRESS	6600 CASTANEDA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	T	<input type="checkbox"/> Delete
NAME	PICCINI, DORA	
STREET ADDRESS	6600 CASTANEDA	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Alfredo Piccini **ALFREDO Piccini 1-26-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #