


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 259975			
1. Entity Name MORLAND PROPERTIES, INC.			
Principal Place of Business 129 N.E. 8 ST HOMESTEAD FL 33030 US		Mailing Address 129 N.E. 8 ST HOMESTEAD FL 33030 US	
2. Principal Place of Business 129 N.E. 8TH ST. Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Homel., FLA.		City & State -	
Zip 33030	Country USA	Zip -	Country -
6. Name and Address of Current Registered Agent PICCINI, ALFREDO 6600 CASTANEDA ST CORAL GABLES FL 33146		4. FCI Number 59-1010969	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		1st MOORE CR2E034 (10/05)	
		Name Same.	
		Street Address (P.O. Box Number is Not Acceptable) -	
		City -	
		State 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revalidating)</small>			



FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE	PD <input type="checkbox"/> Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	PICCINI, ALFREDO	NAME	U00000443337 <input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	6600 CASTANEDA AVENUE	STREET ADDRESS	03/06/06-80002-012 158.75
CITY- ST- ZIP	CORAL GABLES FL 33146	CITY- ST- ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PICCINI, CELIA	NAME	
STREET ADDRESS	6600 CASTANEDA AVENUE	STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL 33146	CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PICCINI, DORA	NAME	
STREET ADDRESS	6600 CASTNEDA	STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL 33146	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Alfredo Piccini Alfredo Piccini Date: 2-20-06