


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 12, 2007 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
129 N.E. 8 ST **129 N.E. 8 ST**
HOMESTEAD, FL 33030 US **HOMESTEAD, FL 33030 US**

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1010969	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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

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 _____ (NOTE: Registered Agent signature required when reappointing)

U00000584831
 01/12/07 80955-006-158.75

FILE NOW!!! FEE IS \$450.00
After May 1, 2007 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 PICCINI, ALFREDO 6600 CASTANEDA AVENUE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PICCINI, CELIA 6600 CASTANEDA AVENUE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PICCINI, DORA 6600 CASTANEDA AVENUE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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 1-9-07 305-248-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #