2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 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

04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1010969
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PICCINI, ALFREDO
6600 CASTANEDA ST
CORAL GABLES, FL 33146

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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 4-15-08
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, 2008 Fee will be $550.00

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

U00000926641
05/20/08-80074-013-150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PICCINI, ALFREDO
STREET ADDRESS	6600 CASTANEDA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	ST
NAME	PICCINI, CELIA
STREET ADDRESS	6600 CASTANEDA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	T
NAME	PICCINI, DORA
STREET ADDRESS	6600 CASTNEDA
CITY-ST-ZIP	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 4-15-08 305-248-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #