

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 259975

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MORLAND PROPERTIES, INC.

**Current Principal Place of Business:**

129 N.E. 8 ST  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

129 N.E. 8 ST  
HOMESTEAD, FL 33030 US

**New Mailing Address:**

FEI Number: 59-1010969      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PICCINI, ALFREDO  
6600 CASTANEDA ST  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PICCINI, ALFREDO  
Address: 6600 CASTANEDA AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

Title: ST ( ) Delete  
Name: PICCINI, CELIA  
Address: 6600 CASTANEDA AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

Title: T ( ) Delete  
Name: PICCINI, DORA  
Address: 6600 CASTANEDA  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO PICCINI

PD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date