

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F13734 1. Entity Name MORSE ENTERPRISES LIMITED INCORPORATED	
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Principal Place of Business 151 SE 15TH RD., BRICKELL E-FL 10 C/O IRWIN MORSE MIAMI, FL 33129	Mailing Address 151 SE 15TH RD., BRICKELL E-FL 10 C/O IRWIN MORSE MIAMI, FL 33129
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2054476	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MORSE, IRWIN
151 S.E. 15TH ROAD, 10TH FLOOR
MIAMI, FL 33129**

**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 _____
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**

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

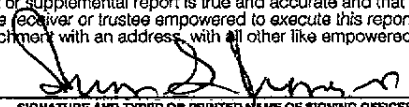
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORSE, IRWIN 151 S.W. 15TH RD. 10TH FL MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BUTLER, GEORGE 15770 SW 184TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARSON, WEBSTER C 2901 FRITZKE ST. DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1/13/04** **305-577-0592**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Irwin S. Morse, P.O.