

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M10079

Entity Name: MORTON & COMPANY

FILED  
Mar 20, 2009  
Secretary of State

**Current Principal Place of Business:**

2124 NW 18 AVE  
MIAMI, FL 33142 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 012948  
MIAMI, FL 331012948 US

**New Mailing Address:**

FEI Number: 59-2488290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STINSON, LOUIS, JR.  
2199 PONCE DE LEON BLVD.  
SUITE 301,  
CORAL GABLES, FL 33134 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: PSD ( ) Delete  
Name: JENSEN, PETER,  
Address: 2124 N.W. 18TH AVE...  
City-St-Zip: MIAMI, FL 33142

Title: VP ( ) Delete  
Name: ROSELLO, ALBERTO,  
Address: 2124 N.W. 18TH AVE.  
City-St-Zip: MIAMI, FL 33142

Title: AS ( ) Delete  
Name: STINSON, LOUIS, JR.,  
Address: 2199 PONCE DE LEON BLVD #301  
City-St-Zip: CORAL GABLES, FL 33134

Title: DS ( ) Delete  
Name: JENSEN, ELLEN,  
Address: 2124 N.W. 18TH AVE.  
City-St-Zip: MIAMI, FL 33142

**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:

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: ALBERTO ROSELLO

V.P.

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date