

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M55135

1. Entity Name
MORSA INVESTMENT CORPORATION



Principal Place of Business

**200201 SW 198 ST
MIAMI, FL 33187 US**

Mailing Address

**PO BOX 654138
P.O. BOX 654138
MIAMI, FL 33265 US**

DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2820922

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JACQUELINE SAAVEDRA
8765 SW 100ST
MIAMI, FL 33176**

**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, 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	PTD
NAME	SAAVEDRA, JACQUELINE M.
STREET ADDRESS	8765 SW 100ST
CITY- ST- ZIP	MIAMI, FL 33176
TITLE	VSD
NAME	MORA, GONZALO
STREET ADDRESS	P.O. BOX 654138 N/A
CITY- ST- ZIP	MIAMI, FL
TITLE	OD
NAME	MORA, GONZALO
STREET ADDRESS	PO BOX 654138 NA
CITY- ST- ZIP	MIAMI, FL
TITLE	GM
NAME	MORA, JORGE C
STREET ADDRESS	539 OLSMAR ST SW
CITY- ST- ZIP	PALM BAY, FL 32908
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21/07

Date

Daytime Phone #