


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90076 024 ***150.00

DOCUMENT # P04000153162 1. Entity Name MORSE FAMILY INVESTMENTS, INC.			
Principal Place of Business 3570 NE 18 AVE OAKLAND PARK, FL 33334		Mailing Address 3570 NE 18 AVE OAKLAND PARK, FL 33334	
2. Principal Place of Business - No P.O. Box # 6381 NW 31st Ter		3. Mailing Address 6381 NW 31st Ter	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Fort Lauderdale FL		City & State Fort Lauderdale FL	
Zip 33309		Zip 33309	
Country USA		Country USA	
6. Name and Address of Current Registered Agent PESTANO, ANTOLIN JR 7758 NW 44 STREET SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORSE, WILLIAM M 3570 NE 18 AVE OAKLAND PARK, FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORSE William M. 6381 NW 31 ST Terrace Fort Lauderdale, FL 33309.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISCIONE, DENISE A 3570 NE 18 AVE OAKLAND PARK, FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISCIONE, DENISE A 6381 NW 31 ST Terrace Fort Lauderdale, FL 33309.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>William M. Morse</i> William M. Morse		2/26/02 754-246-5535	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	