

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111655

FILED  
Mar 15, 2012  
Secretary of State

Entity Name: MORSE MARKET INC

**Current Principal Place of Business:**

1000 MASSACHUSETTS AVENUE  
SAINT CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**

1000 MASSACHUSETTS AVENUE  
SAINT CLOUD, FL 34769 US

**New Mailing Address:**

FEI Number: 65-1288661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RASHID, MOHAMMAD I  
1000 MASSACHUSETTS AVENUE  
SAINT CLOUD, FL 34769 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RASHID, MOHAMMAD I  
Address: 1000 MASSACHUSETTS AVENUE  
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: D  
Name: RASHID, MOHAMMAD R  
Address: 1000 MASSACHUSETTS AVENUE  
City-St-Zip: SAIND CLOUD, FL 34769 US

Title: D  
Name: RASHID, SOHAIL  
Address: 1000 MASSACHUSETTS AVENUE  
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: S  
Name: RASHID, ZENAT R  
Address: 1000 MASSACHUSETTS AVE  
City-St-Zip: SAINT CLOUD, FL 34769

I hereby 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 all other like empowered.

SIGNATURE: MOHAMMAD I RASHID

P

03/15/2012

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

\_\_\_\_\_  
Date