

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000010816

1. Entity Name

MORNINGSIDE GROUP, INC.



Principal Place of Business

5100 CHERRY TREE LANE
ORLANDO FL 32819
US

Mailing Address

5100 CHERRY TREE LANE
ORLANDO FL 32819
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-3231366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WO YEN LEE
5100 CHERRY TREE LANE
ORLANDO FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CPD ☐ Delete
NAME LEE, WO Y
STREET ADDRESS 5100 CHERRY TREE LANE
CITY-STATE-ZIP ORLANDO FL

TITLE STD ☐ Delete
NAME LEE, ROSA CHEN S
STREET ADDRESS 5100 CHERRY TREE LANE
CITY-STATE-ZIP ORLANDO FL

TITLE D ☐ Delete
NAME CHEN, ANGELA LEE
STREET ADDRESS 808 BRONX RIVER RD #7D
CITY-STATE-ZIP BRONXVILLE NY 10708

TITLE D ☐ Delete
NAME LEE, DARON Z
STREET ADDRESS 808 BRONX RIVER RD #7D
CITY-STATE-ZIP BRONXVILLE NY 10708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
0000000699868
04/19/07-80059-025 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4.9.07 407-876-4779

Date

Daytime Phone #