

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**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 #  
Suite, Apt. #, etc.

3. Mailing Address  
**111 ALTA AVE**  
Suite, Apt. #, etc.

City & State  
**YONKERS, NY**

Zip  
**10705** Country  
**USA**

FILED  
**08 JUN 24 PM 2:15**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06022008 Chg-P CR2E034 (12/06)

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  
**WO YEN LEE  
5100 CHERRY TREE LANE  
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent  
Name  
**JOHN TING**  
Street Address (P.O. Box Number is Not Acceptable)  
**1631 WOODWARD ST**  
City  
**ORLANDO** FL Zip Code  
**32803**

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: DATE  
**6/2/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution ☐ **\$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	CPD LEE, WO Y 5100 CHERRY TREE LANE ORLANDO, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE CHEN, ANGELA 111 ALTA AVE YONKERS, NY 10705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEE, ROSA CHEN S 5100 CHERRY TREE LANE ORLANDO, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, ROSA CHEN S. 5100 CHERRY TREE LANE ORLANDO, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, ANGELA LEE 111 ALTA AVE YONKERS, NY 10705 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700132068787</b> <b>07/02/08--01010--013 **\$61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, DARON Z 320 W 96 ST #18 NEW YORK, NY 10025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEE, DARON Z. 320 W. 96 ST #18 NEW YORK, NY 10025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: DATE  
**6/2/08** **914.831.5354**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

M.L. 125