

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000092020

Entity Name: MORZI INVESTMENT, INC.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

1401 BRICKELL AVE
SUITE 1100
MIAMI, FL 33131 US

New Principal Place of Business:

10437 TRIANON PLACE
WELLINGTON, FL 33467 US

Current Mailing Address:

1401 BRICKELL AVENUE
SUITE 1100
MIAMI, FL 33131 US

New Mailing Address:

10437 TRIANON PLACE
WELLINGTON, FL 33467 US

FEI Number: 65-0882520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLLINGSWORTH, SCOTT D
1401 BRICKELL AVE
STE 1100
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

HOLLINGSWORTH, SCOTT D
10437 TRIANON PLACE
WELLINGTON, FL 33467 US

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: SCOTT HOLLINGSWORTH

01/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLLINGSWORTH, SCOTT
Address: 1401 BRICKELL AVE, STE 1100
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: DE HOLLINGSWORTH, MARIA
Address: 1401 BRICKELL AVE, STE 1100
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOLLINGSWORTH, SCOTT
Address: 10437 TRIANON PLACE
City-St-Zip: WELLINGTON, FL 33467 US

Title: S (X) Change () Addition
Name: HOLLINGSWORTH, MARIA OLGA
Address: 10437 TRIANON PLACE
City-St-Zip: WELLINGTON, FL 33467 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT HOLLINGSWORTH

P

01/04/2007

Electronic Signature of Signing Officer or Director

Date