

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90398 003 ***150.00

DOCUMENT # P99000054235

1. Entity Name
MORNINGSIDE ANTIQUES, INC.



Principal Place of Business

**6443 BISCAYNE BLVD
MIAMI, FL 33138**

Mailing Address

**6443 BISCAYNE BLVD
MIAMI, FL 33138**

50007974



2. Principal Place of Business

530 OCEAN DR

Suite, Apt. #, etc.
#108

3. Mailing Address

530 OCEAN DR

Suite, Apt. #, etc.
#108

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33139

Country

USA

Zip

33139

Country

USA

01042006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0926956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHERMAN, THOMAS G ESQ
218 ALMERIA AVENUE
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D/P** ☒ Delete
NAME **BREWINGTON, SHARON**
STREET ADDRESS **1717 N BAYSHORE DR #3554**
CITY-ST-ZIP **MIAMI, FL**

TITLE **VP** ☐ Delete
NAME **PASTORE, VINCENT**
STREET ADDRESS **530 OCEAN DR STE 108**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-06 305-535-3500

Date

Daytime Phone #