## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P99000081227 1. Entity Name MORLIN REALTY GROUP, INC. Principal Place of Business Mailing Address 5414 N.W. 72ND AVE. 5414 N.W. 72ND AVE. MIAMI, FL 33166 MIAMI, FL 33166

**FILED** Mar 14, 2008 08:00 A Secretary of State





6. Name and Address of Current Registered Agent

FELLMAN, SETH 5414 NW 72 AVE. MIAMI, FL 33166

SIGNATURE:



	03062008 No Chg-P	CR2E	034 (11/05)		
	4. FEI Number	Applied F	Applied For		
	65-1021859		Not Applic	able	
	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
	DO NOT W	/RIT	E		

10 8

305-254-8*000* 

					witting.		
8. The above the obligat	named entity submits this statement for the plans of registered agent.	urpose of changing its register	ed office or re	gistered agent, or bot	h, in the State of Flor	ida. I am familiar with,	and accept
SIGNATURE.							
	Signature, typed or printed name of registered agent and title t	(NOTE: Registere	id Agent signature	required when reinstating)		DATE	
Fil. After Ma	E NOWIII FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00	<ol><li>Election Campaign Finar Trust Fund Contribution.</li></ol>		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	Sec. Proj.	24 3 1 3 4 5 6 6 6 6 6			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELLMAN, SETH H 5414 NW 72ND AVE MIAMI, FL 33166				Upodgo:	3583811 30042-015 15	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					9147017138-1	30042-015:15	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 5	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS		. #					

12. I hereby certify that the information supplied with this filling 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 to 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 enor tweed 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.

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR