

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V04263

FILED
Feb 24, 2009
Secretary of State

Entity Name: MORSE BROS. CITRUS CORP.

Current Principal Place of Business:

9000 SW 87TH CT
SUITE 218
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

9000 SW 87TH CT
SUITE 218
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0309920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONDSCHN, LEONARD E.
9000 SW 87TH CT
SUITE 218
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPV () Delete
Name: HASELNUSS, SOLOMON,
Address: 498 W END AVE
City-St-Zip: NEW YORK, NY

Title: ST () Delete
Name: HASELNUSS, SOLOMON,
Address: 498 W END AVE
City-St-Zip: NEW YORK, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change () Addition
Name: HASELNUSS, SOLOMON,
Address: 498 W END AVE
City-St-Zip: NEW YORK, NY 10024 US

Title: ST (X) Change () Addition
Name: HASELNUSS, SOLOMON,
Address: 498 W END AVE
City-St-Zip: NEW YORK, NY 10024 US

I hereby certify that the information supplied with this filing does not qualify 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: SOLOMON HASELNUSS

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

Date