

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000010704

**Entity Name:** MORGAN INSURANCE GROUP INC.

**Current Principal Place of Business:**

13155 SW 42 STREET #107  
MIAMI, FL 33175

**Current Mailing Address:**

1401 SW 107TH AVE #301-F  
MIAMI, FL 33174

**FEI Number:** 50-0022329

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MORGAN, LAWRENCE F  
1401 SW 107TH AVE. #301-F  
MIAMI, FL 33174 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MORGAN, LAWRENCE F  
Address 1401 SW 107TH AVE #301-F  
City-State-Zip: MIAMI FL 33174

*I hereby 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 all other like empowered.*

**SIGNATURE:** LAWRENCE MORGAN

**PRESIDENT**

**03/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date