


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State


DOCUMENT # F06000007222

1. Entity Name
DERN MARKET CORPORATION



Principal Place of Business 7777 GLADES RD., SUITE 207A BOCA RATON, FL 33434	Mailing Address 7777 GLADES RD., SUITE 207A BOCA RATON, FL 33434
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2544018	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DERN, ALVIN
 7777 GLADES RD., SUITE 207A
 BOCA RATON, FL 33434**

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P	DERN, MARK R 7777 GLADES RD., SUITE 207A BOCA RATON, FL 33434
TITLE DST	DERN, ALVIN 7777 GLADES RD., SUITE 207A BOCA RATON, FL 33434
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

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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: Alvin DERN **ALVIN DERN** 1-23-07 561 883 0740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #