


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # J32419**  
 1. Entity Name  
**MARSHALL E. SIGEL FINANCIAL ADVISORY, INC.**



Principal Place of Business      Mailing Address  
**P.O. BOX 273408**      **P.O. BOX 273408**  
**BOCA RATON, FL 33427-3408**      **BOCA RATON, FL 33427-3408**

**DO NOT WRITE IN THIS SPACE**



01042008    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**59-2715241**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SIGEL, MARSHALL E.**  
**7380 MANDARIN DRIVE**  
**BOCA RATON, FL 33433**

**DO NOT WRITE IN THIS SPACE**

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)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SIGEL, MARSHALL E 7380 MANDARIN DRIVE BOCA RATON, FL 33433
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 01/07/08-80008-001 150.00

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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 empowerment.

SIGNATURE: *Marshall E. Sigel*      1/7/08      (561) 482-2211  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARSHALL E. SIGEL**