2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000051321

1. Entity Name
JACK MARTIN COE, P.A.

Principal Place of Business	Mailing Address
370 MINORCA AVENUE SUITE 6 CORAL GABLES, FL 33134-4311	370 MINORCA AVENUE SUITE 6 CORAL GABLES, FL 33134-4311

DO NOT WRITE IN THIS SPACE

07052006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1015629	Not Applicable

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

6. Name and Address of Current Registered Agent

COE, JACK MARTIN
370 MINORCA AVENUE
SUITE 6
CORAL GABLES, FL 33134-4311

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COE, JACK MARTIN
STREET ADDRESS	370 MINORCA AVENUE, SUITE 6
CITY-ST-ZIP	CORAL GABLES, FL 331344311

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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07/07/06-80008-025 550.00

DO NOT WRITE IN THIS SPACE

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: _____   7-5-06   305-445-3200

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