


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90262 020 ***150.00

DOCUMENT # P00000051321

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



Principal Place of Business Mailing Address

~~370 MINORCA AVENUE~~ ~~370 MINORCA AVENUE~~
~~SUITE 6~~ ~~SUITE 6~~
~~CORAL GABLES, FL 33134-4311~~ ~~CORAL GABLES, FL 33134-4311~~



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

3081 Salzedo St. *3081 Salzedo St.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste 301 *Ste 301*

01112007 Chg-P CR2E034 (12/06)

City & State City & State

Coral Gables, FL *Coral Gables, FL*

4. FEI Number Applied For

65-1015629 Not Applicable

Zip Country Zip Country

33134 *USA* *33134* *USA*

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3081 Salzedo St.

Ste 301

City *Coral Gables* FL Zip Code *33134*

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]* DATE *1-12-2007*

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COE, JACK MARTIN 370 MINORCA AVENUE, SUITE 6 CORAL GABLES, FL 331344311	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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: *[Signature]* Date *1-12-2007* Daytime Phone # *305-445-3200*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR