

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90099 021 ***150.00

DOCUMENT # P04000025390

1. Entity Name

MARQUIS SEARCH GROUP, INC.



Principal Place of Business

3601 NE 207TH STREET
#1102
AVENTURA, FL 33180

Mailing Address

3601 NE 207TH STREET
#1102
AVENTURA, FL 33180

40047061



2. Principal Place of Business

1543 Jackson St

Suite, Apt. #, etc.

3. Mailing Address

1543 Jackson St

Suite, Apt. #, etc.

02162005

Chg-P

CR2E034 (10/03)

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

20-0745122

Applied For

Not Applicable

Zip

33020

Country

Broward

Zip

33020

Country

Broward

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, THOMAS P
3601 NE 207TH STREET
#1102
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name

Thomas P. Robinson

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

1543 Jackson St

City

Hollywood

FL

Zip Code

33020

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, the registered agent.

SIGNATURE

Thomas P. Robinson

Thomas P. Robinson, President

4/4/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PRES
ROBINSON, THOMAS P
3601 NE 207TH STREET, #1102
AVENTURA, FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PRES
Thomas P. Robinson
1543 Jackson St
Hollywood, FL 33020 ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Add

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address, with all other like empowered.