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Secretary of State

02-16-2005 90035 047 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000052256

1. Entity Name
MICHAEL MARKS, PA.

02022005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~7601 EAST TREASURE DRIVE~~ ~~NORTH BAY VILLAGE, FL 33141~~	~~7601 EAST TREASURE DRIVE~~ ~~NORTH BAY VILLAGE, FL 33141~~
2. Principal Place of Business: 1154 BIARRITZ DR	3. Mailing Address: 1154 BIARRITZ DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH FL	City & State: MIAMI BEACH FL
Zip: 33141 Country: USA	Zip: 33141 Country: USA

4. FEI Number: 061721747 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAYNES, DAVID M ESQ. 2736 MISTY OAKS CIRCLE ROYAL PALM BEACH, FL 33411	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 $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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARKS, MICHAEL ~~7601 EAST TREASURE DRIVE~~ ~~NORTH BAY VILLAGE, FL 33141~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1154 BIARRITZ DRIVE MIAMI BEACH FLORIDA 33141	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MICHAEL MARKS 2/5/05 (561) 792-1650

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