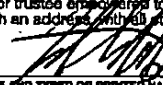


FILED
Mar 18, 2005 8:00 am
Secretary of State

02-16-2005 90035 047 ***158.75

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000052256			
1. Entity Name MICHAEL MARKS, PA.			
Principal Place of Business 7601 EAST TREASURE DRIVE NORTH BAY VILLAGE, FL 33141		Mailing Address 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		Zip 33141	
Country USA		Country USA	
4. FEI Number 061721747		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GAYNES, DAVID M ESQ. 2738 MISTY OAKS CIRCLE ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent 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			
9. 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1154 BIARRITZ DRIVE MIAMI BEACH FLORIDA 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 and title like empowered.			
SIGNATURE: 		MICHAEL MARKS 2/5/05 (56) 792-1650	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	