

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000081147 1. Entity Name SEGAL, INC.		
Principal Place of Business 6825 SW 21ST CT UNIT 2 DAVIE, FL 33317 US	Mailing Address 6825 SW 21ST CT UNIT 2 DAVIE, FL 33317 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SEGAL, DEREK 6825 SW 21ST CT UNIT 2 DAVIE, FL 33317		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)		
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	P SEGAL, DEREK 6825 SW 21ST CT -UNIT 2 DAVIE, FL 33317	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SEGAL, ARNOLD 6825 SW 21ST CT -UNIT 2 DAVIE, FL 33317	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SEGAL, MARC 6825 SW 21ST CT -UNIT 2 DAVIE, FL 33317	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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)(f), 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: <u>MARC SEGAL</u> <u>4-1-05</u> <u>954 370 879</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #		



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0554161	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

U000000287876
04/04/05-80087-006 150.00

**DO NOT WRITE
IN THIS SPACE**