

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG -6 AM 11:57



DOCUMENT # K95566		
1. Entity Name IRA RALPH MARKS, P.A.		

Principal Place of Business 14126 SW 62 ST MIAMI FL 33183	Mailing Address 14126 SW 62 ST MIAMI FL 33183
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0125856	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

2nd MOORE CR2E034 (4/08)

6. Name and Address of Current Registered Agent MARKS, IRA R 14126 SW 62ND ST MIAMI FL 33183		7. Name and Address of New Registered Agent Name <u>Jean G. Marks</u> Street Address (P.O. Box Number is Not Acceptable) <u>14126 SW 62 ST</u> City <u>Miami</u> FL Zip Code <u>33183</u>	
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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 Jean G. Marks DATE 8/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKS, IRA R 14126 SW 62ND ST MIAMI FL ☐ Delete <u>deceased</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jean G. Marks 14126 SW 62 ST mia, Fla 33183 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500134355455 08/12/08--01006--014 **150.00 ☐ 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	B 8/6/08 ☐ Change ☐ Addition

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: Jean G. Marks DATE 8/4/08 786-200-7665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean Martin
14126 SW 62 St
Mia, FL 33183

Divisions of Corporations,

On July 7, 2008 I sent a postcard to your division to let them know my husband had passed away on May 2, 2007. I also sent a copy of his death certificate.

I am sending another copy of his death certificate and a check for \$150 to change me to registered agent so in the future I can close his corporation. I need to do this.

I did not receive before July any other reminders for an annual report, that is why I am only sending a check for \$150.

This has been a very difficult year for me. My husband committed suicide. I was unable to function for many months. Any help in this matter will be greatly appreciated.

Sincerely,
Jean Martin