

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT# 269271 1. EntityName MARVINBOCHNERINC.	
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PrincipalPlaceofBusiness 3145NW38THST MIAMI,FL33142	MailingAddress 3145NW38THST MIAMI,FL33142
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DO NOT WRITE IN THIS SPACE



04232005 NoChg-P CR2E034(10/03)

4. FEINumber 59-1003998	AppliedFor NotApplicable
5. CertificateofStatusDesired ☐	\$8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

BOCHNER,MARVIN
3145NW38THST
MIAMI,FL33142

**DO NOT WRITE
IN THIS SPACE**

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ (NOTE Registered Agents signature required whenever installing) _____ DATE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. ElectionCampaignFinancing TrustFundContribution. ☐ \$5.00 MayBe AddedtoFees
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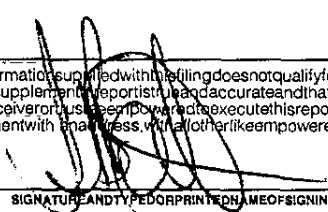
10. OFFICERSANDDIRECTORS

TITLE NAME STREETADDRESS CITY-ST-ZIP	PD BOCHNER,MARVIN 3145NW38THST MIAMI,FL
TITLE NAME STREETADDRESS CITY-ST-ZIP	D BOCHNER,SONIA 3145NW38THST MIAMI,FL
TITLE NAME STREETADDRESS CITY-ST-ZIP	D BOCHNER,SIDNEY 3145NW38THST MIAMI,FL
TITLE NAME STREETADDRESS CITY-ST-ZIP	D BOCHNER,MARK 3145NW38THST MIAMI,FL
TITLE NAME STREETADDRESS CITY-ST-ZIP	S SPIEWAK,LISA 3145NW38THST MIAMI,FL33142
TITLE NAME STREETADDRESS CITY-ST-ZIP	

U00000368481
05/31/05-80003-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. Iherebycertifythattheinformation suppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath,thatIam anofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecute thisreportasrequiredbyChapter607,FloridaStatutes;and thatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwithanaddress,withaliotherlikeempowered.

SIGNATURE:  **SIDNEY BOCHNER** **4-29-05** **305 633 0678**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#