2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 07, 2007 08:00 A **DOCUMENT # 488850** 1. Entity Name **Secretary of State** RICHARD MARK, INC. Principal Place of Business Mailing Address 1125 SAN PEDRO AVE 3 GROVE ISLE #702 CORAL GABLES FL 33156 MIAMI FL 33133 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FÉI Numbor Applied For 59-1732097 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEINBOOK, RICHARD MARK Street Address (P.O. Box Number is Not Acceptable) 3 GROVE ISLE #702 MIAMI FL 33133 City 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 again and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Change ☐ Addition STEINBOOK, RICHARD MARK NAME NAME 3 GROVE ISLE #702 STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** CITY - ST - ZIE CITY - ST - ZIP Delete HILE THE Change Addition STEINBOOK KATZEN, JUDITH NAME. NAME 1125 SAN PEDRO AVENUE STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33133** CITY-SI-ZIP CITY-ST-ZIP IIItE. ☐ Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP THE Delete 3111 Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empty of to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE: SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

th all other like empowered

if changed, or on an

achment with an address