

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 598885**

1. Entity Name  
**MARVRO ASSOCIATES, INC.**



Principal Place of Business  
**2821 NE 40TH ST  
FT LAUDERDALE, FL 33308**

Mailing Address  
**2821 NE 40TH ST  
FT LAUDERDALE, FL 33308**



01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1946842**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHULMAN, MARVIN  
2821 NE 40TH ST  
FORT LAUDERDALE, FL 33308**

**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) DATE \_\_\_\_\_

**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	STD
NAME	SCHULMAN, RHONA
STREET ADDRESS	2821 N E 40 STREET
CITY - ST - ZIP	FORT LAUDERDALE, FL 33308
TITLE	PD
NAME	SCHULMAN, MARVIN
STREET ADDRESS	2821 N E 40 STREET
CITY - ST - ZIP	FORT LAUDERDALE, FL 33308
TITLE	VD
NAME	SCHULMAN, HOWARD
STREET ADDRESS	2821 N E 40 STREET
CITY - ST - ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/31/05-80042-003 150.00

**DO NOT WRITE  
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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 with all other like empowered.

**SIGNATURE:**

*Marvin Schulman* - **MARVIN SCHULMAN**

Date **1-27-05** Daytime Phone # **954-565-7689**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR