2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED
1. Entity Name	MENT # 6741'64 © N MARSHALL, INC.			May 02, 2005 08:00 AM Secretary of State
Ot II to to to	THE CHOICE STATES			
Principal Place of Business		Mailing Address		
7440 S.W. 117TH ST. C/O CHAPMAN MARSHALL MIAMI FL 33156 US		7440 S.W. 117TH ST. C/O CHAPMAN MAR MIAMI FL 33156 US	SHALL) INSTITUTE BOOK BOOK REGISE BOOK STRIPE OVER STRIP BOOK IN BIT BOOK BOOK BOOK FOR THE PROPERTY OF THE PROPERT
2. Principal Place of Business		3. Mailing Address		
Suite, Apt #, etc		Suite, Apt. #, etc		1st MOORE
City & State		City & State		4. FEI Number 59-2006291 Applied For Not Applied:
Zip	Country	Zip	Country	Certificate of Status Desired \$8.75 Additional Fee Regulated
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
			Name	and the second s
MARSHALL, CHAPMAN 7440 S.W. 117TH ST. MIAMI FL 33156		*	Street Address	s (P.O. Box Number is Not Acceptable)
		<u></u>	City	FL Zip Code
	named entity submits this statemen ions of registered agent.	t for the purpose of changing its	s registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .		<u> </u>		<u> </u>
	Signature, typed or printed name of registered ag	gent and title if applicable (NO	E. Registered Agent signature requi	ried when reinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550. k Payable to Florida Departmen			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	VP MARSHALL, MARGARET	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP	11233 SW 111 STREET MIAMI FL 33176		STREET ADDRESS CITY-ST-ZIP	
TITLE	WIFHWITE 33170 .	☐ Delete	1611.5	☐ Change ☐ Addilio
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		tab ab : Ellis a de se una muelle d	or the eventual in stated in	O at a 40 OTION Florida Commanda Library and the Information
12. I hereby indicated of the co	certify that the information supplied don this report or supplemental report poration or the receiver or trustee e	with this filing does not quality in ort is true and accurate and that improvered to execute this repo	t my signature shall have the rt as required by Chapter	i Section 119-0 (3)(i), Florica Statutes. Further certify that the information he same legal effect as if made under eath, that I am an officer or direct 607, Florida Statutes, and that my name appears in Block 10 or Block 11
12. I hereby indicated of the co changed	certry that the information supplied d on this report or supplemental repo- reporation or the receiver or trustee e f, or on an attachment with an addre	with this filling does not qualify in ort is true and accurate and that impowered to execute this repo iss, with all other like empowere	or the exemption stated in it my signature shall have that the as required by Chapter d.	Section 119.07(3)(i), Florida Statutes. I further certify that the Information he same legal effect as if made under oath, that I am an officer or director 607, Florida Statutes, and that my name appears in Block 10 or Block 11