

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # F48969

1. Entity Name
M. GREENBERG & ASSOCIATES INC.



Principal Place of Business

**C/O MAL GREENBERG
105 LAKE EMERALD DR., #312
FT. LAUDERDALE, FL 33309**

Mailing Address

**C/O MAL GREENBERG
105 LAKE EMERALD DR., #312
FT. LAUDERDALE, FL 33309**



01162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2133572

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENBERG, MAL
105 LAKE EMERALD DR., #312
FT. LAUDERDALE, FL 33309**

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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 is applicable

(NOTE: Registered Agent signature required when re-appointing)

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	DP
NAME	GREENBERG, MAL
STREET ADDRESS	105 LK. EMERALD DR. #312
CITY-STATE-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	HYRES, BARBARA E
STREET ADDRESS	105 LK EMERALD DR. 312
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/17/05-80016-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: MAL GREENBERG (MAL GREENBERG) 1/25/05 954-739-1613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR