2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F90430

1. Entity Name
MARGOLIS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
141 NW 20TH ST. G-122 BOCA RATON, FL 33431	141 NW 20TH ST. G-122 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

05132004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2204456	Not Applicable

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

6. Name and Address of Current Registered Agent

MARGOLIS, DAVID R
141 NW 20TH ST.
G-122
BOCA RATON, FL 33431

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 $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U000000161096
05/20/04-80005-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARGOLIS, DAVID R
STREET ADDRESS	141 NW 20TH ST. STE G-122
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 _David R Margolis_ 5/17/04   561 3383 Y26

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #