

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90011 009 ***150.00

DOCUMENT # F97331

1. Entity Name
PFEFFER & MARIN MANAGEMENT CORP.



Principal Place of Business
**% JOSEPH MARIN
4767 NW 36TH ST
MIAMI SPRINGS, FL 33166**

Mailing Address
**% JOSEPH MARIN
4767 NW 36TH ST
MIAMI SPRINGS, FL 33166**

40024465



02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2216110

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARIN, JOSEPH
4767 NW 36TH ST
MIAMI, FL 33166**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PFEFFER, PAUL
STREET ADDRESS 4767 NW 36TH ST
CITY-ST-ZIP MIAMI SPRINGS, FL

TITLE VD
NAME MARIN, JOSEPH
STREET ADDRESS 4767 NW 36TH ST
CITY-ST-ZIP MIAMI SPRINGS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 exemptions contained in Chapter 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH MARIN *(Signature)* **3/3/06** **305-888-3661**
Daytime Phone #