


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90069 004 \*\*\*150.00

<b>DOCUMENT # G62236</b>	
1. Entity Name <b>MARSHALL DOUGLAS PLATT, P.A.</b>	

Principal Place of Business <b>4402 MARTINIQUE COURT UNIT A-1 COCONUT CREEK, FL 33066 US</b>	Mailing Address <b>3389 SHERIDAN STREET UNIT 223 HOLLYWOOD, FL 33021 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1870 Water Ridge Ct.</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Weston, FL</b>	City & State
Zip <b>33326</b>	Country <b>US</b>

40101000



05022007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-2333616</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>PLATT, MARSHALL DOUGLAS 4402 MARTINIQUE COURT UNIT A-1 COCONUT CREEK, FL 33066</b>	7. Name and Address of New Registered Agent Name <b>SAME - New Address</b> Street Address (P.O. Box Number is Not Acceptable) <b>1870 Water Ridge Ct.</b> City <b>Weston</b> FL Zip Code <b>33326</b>
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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:  DATE: **5/1/07**

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PLATT, MARSHALL DOUGLAS <del>4402 MARTINIQUE COURT UNIT A-1</del> <del>COCONUT CREEK, FL 33066</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>new Address only</b> <b>1870 Water Ridge Ct.</b> <b>Weston, FL 33326</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  DATE: **5/1/07** 954-732-5510