

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90226 034 ***150.00

DOCUMENT # H81102

1. Entity Name
LE-MARC ENTERPRISES, INC.



Principal Place of Business
4760 N.W. 28TH AVE.
BOCA RATON, FL 33434

Mailing Address
4760 N.W. 28TH AVE.
BOCA RATON, FL 33434

60033591



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2586651

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOROWITZ, STEPHEN
4760 NW 28TH AVE
BOCA RATON, FL 33434

**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

Stephen M. Horowitz *Stephen Horowitz* *4-28-06*

Signature, typed or printed name of registered agent and title, 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	PST
NAME	HOROWITZ, STEPHEN M.
STREET ADDRESS	4760 N.W. 28TH AVE.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	HOROWITZ, STEPHEN M.
STREET ADDRESS	4760 N.W. 28TH AVE.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VD
NAME	ARKIN, LESLIE D.
STREET ADDRESS	4760 N.W. 28TH AVE.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *x*

Stephen M. Horowitz *Stephen Horowitz* *4-29-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #