2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # J15936 t. Entity Name MARK B. SLAVIN, P.A.						J:	an 31, 20 Secreta			
Principal Plac	ce of Business	. Mailing	Address			1				
STE 300 STE			0 NE 163RO ST : 300 IIAMI BEACH FL 33162							
2. Principal Place of Business 3. Mai			ling Address			-	NITE BISC COST STATE COLOR			
Suite, Apt. #, etc.		Suite Apt. #, etc.				1st MOORE CR2E034 (10/05)				
City & State		City & State				4. FEI Number 59-2686557 Applied For Not Applied For				
Zip Country		Zip		Country		5. Certificat	tificate of Status Desired			
	6. Name and Address of Curren	t Registered	Agent		Name	7. Name an	d Address of New R	egistered Agen	t	· -
SLAVIN, MARK B 2020 NE 163RD ST					Street Address (P.O. Box Number is Not Acceptable)					
STE 300 N. MIAMI BEACH FL 33162										
N. MIAMI BEACH FL 33102			City		City			FL Z	ip Code	,
	named entity submits this statement fi tions of registered agent. Signature, typed or printed treme of registered agent.				od office or registe Agent signature require		oth, in the State of Fic	DATE	ar with,	and accey
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							9. Election Campa Trust Fund Con			30 May C d to Fees
10.	OFFICERS AND	DIRECTOR		11.	1	ADDITIONS	CHANGES TO OFF			· -
NAME STREET ADDRESS .CITY-ST-ZIP	PS SLAVIN, MARK B 2020 NE 163 RD ST., STE 300 N. MIAMI BEACH FL 33162	-	☐ Delete		(□ Change □/ UUUUUU409912 02/09/06-80013-017 150.00			□ Admiri O
TITLL MANIE STREET ADDRESS CITY-SI-ZIP		,	☐ Deleta						Change	□ Alice
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Address:
THE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	- 6	₹				Change	Addition
TITLE NAME STREET ADDRESS CHY-SI-ZIP			☐ Delete	•	}				Change	Addin.
TITLE NAME STREET AUDRESS CITY-ST-ZIP			☐ Delete		IT ADDRESS ST-JP		<u> </u>	. 🖂	Change	Allen
12. I hereby indicated of the colif change	Certify that the information supplied we in this report or supplemental report poration or the receiver or trustee emod, or on an attachment with an address.	ith this filing is true and a ip owered to ss, with all c	does not qualify focurate and that reported this reported the ilke empower	for the exi my signati rt as required.	emptions containe ure shall have the ired by Chapter 6	ed in Section 1 same legal effe 37, Florida State	 Florida Statutes I act as if made under u utes; and that my nan 	further certify thosth, that I am ar ne appears in Bio	at the in officer ock 10 c	nformation or director or Block 11

FILED