- 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2007 08:00 AN Secretary of State

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1. Entity Name

MARSHALL E. SIGEL FINANCIAL ADVISORY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 273408

BOCA RATON, FL 33427-3408

P.O. BOX 273408

BOCA RATON, FL 33427-3408



01042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2715241 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SIGEL, MARSHALL E. 7380 MANDARIN DRIVE BOCA RATON, FL 33433

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. \$\\ \frac{100000579848}{01/10/07-80024-011}\$										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND DIREC	CTORS								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SIGEL, MARSHALL E 7380 MANDARIN DRIVE BOCA RATON, FL 33433									
NAME STREET ADDRESS CITY-ST-ZIP	,									
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE					
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP										

12. I hereby certify that the information supplied with this filling 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 the empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MARSHALL K. SIGKI YBE

1/H/07 (56) 482-221