

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90031 038 ***150.00

DOCUMENT # J40746

1. Entity Name
MURRAY KANE, INC.



Principal Place of Business
**985 NE 176 STREET
NORTH MIAMI BCH, FL 33162 US**

Mailing Address
**985 NE 176 STREET
NORTH MIAMI BCH, FL 33162 US**

50066013



08102005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0036002** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KANE, MURRAY
985 NE 176 STREET
NORTH MIAMI BCH, FL 33162**

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **KANE, MURRAY**
STREET ADDRESS **985 NE 176 STREET**
CITY-ST-ZIP **NORTH MIAMI BCH, FL 33162**

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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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #



50066013

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 10, 2005

MURRAY KANE, INC.
C/O LILLIAN A. ZAYAS
7150 WEST PAL-MED 20TH AVE., SUITE 412
HIALEAH, FL 33016-1849 US

SUBJECT: MURRAY KANE, INC.
Ref. Number: J40746

Thank you for your correspondence of August 3, 2005, which has been forwarded to me for response.

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 805A00051242



August 3, 2005

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: J40746 MURRAY L. KANE, INC.

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00 to cover the cost of the annual report for the above referenced corporation. This corporation never received the postcard notice of the year 2005.

We request an abatement of the \$400.00 penalty for late filing. Thank you.

Sincerely,

Lillian A. Zayas
For Pal-Med Health Services