

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90074 039 \*\*\*150.00

<b>DOCUMENT # L46207</b> 1. Entity Name <b>ROBINSON AND MARKS, P.A.</b>																																																			
Principal Place of Business <b>1590 N.E. 162ND STREET, STE. 200 N. MIAMI BCH., FL 33162</b>		Mailing Address <b>1590 N.E. 162ND STREET, STE. 200 N. MIAMI BCH., FL 33162</b>																																																	
2. Principal Place of Business <b>3750 NE 169TH ST #311</b>		3. Mailing Address <b>3750 NE 169TH ST.</b>																																																	
Suite, Apt. #, etc. <b>#311</b>		Suite, Apt. #, etc. <b>#311</b>																																																	
City & State <b>N. MIAMI BEACH, FL</b>		City & State <b>N. MIAMI BEACH FL</b>																																																	
Zip <b>33160</b>		Zip <b>33160</b>																																																	
Country <b>U.S.</b>		Country <b>U.S.</b>																																																	
6. Name and Address of Current Registered Agent  <b>MARKS, JONATHON J 1590 NE 162 STREET, STE. 200 N. MIAMI BCH., FL 33162</b>		7. Name and Address of New Registered Agent Name <b>JONATHON J MARKS</b> Street Address (P.O. Box Number is Not Acceptable) <b>3750 NE 169TH ST. #311</b> City <b>N. MIAMI BEACH</b> <b>FL</b> Zip Code <b>33160</b>																																																	
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 <b>Jonathon Marks</b> <b>JONATHON J. MARKS, PRES.</b> <b>3-15-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="width: 50%; padding: 2px;">           PD MARKS, JONATHON JAY 1590 NE 162 ST., STE 200 N. MIAMI BCH., FL         </td> <td style="width: 50px; text-align: center; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARKS, JONATHON JAY 1590 NE 162 ST., STE 200 N. MIAMI BCH., FL	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="width: 50%; padding: 2px;">           PRES JONATHON J. MARKS 3750 NE 169TH ST #311 N. MIAMI BEACH, FL. 33160         </td> <td style="width: 50px; text-align: center; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES JONATHON J. MARKS 3750 NE 169TH ST #311 N. MIAMI BEACH, FL. 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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. <b>SIGNATURE. Jonathon Marks Pres Victor</b> <b>3-15-05</b> <b>305-949-5880</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																			