

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 02, 2004 8:00 am**  
**Secretary of State**

07-02-2004 90001 024 \*\*\*150.00

**DOCUMENT # M52940**

1. Entity Name  
**MARIELENE MCGREGOR, P.A.**



Principal Place of Business  
**324 PAYNE DRIVE  
MIAMI SPRINGS, FL 33166**

Mailing Address  
**324 PAYNE DRIVE  
MIAMI SPRINGS, FL 33166**

**54059568**



06292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2830924**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCGREGOR, MARIELENE  
324 PAYNE DRIVE  
MIAMI, FL 33166**

**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 **6-25-04**

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MCGREGOR, MARIELENE  
324 PAYNE DRIVE  
MIAMI SPRINGS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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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 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

**6-25-04**  
Date

**305-885-2226**  
Daytime Phone #

Attachment

54059568

**Marielenè McGregor, PA**  
**324 Payne Drive**  
**Miami Springs, FL 33166**

June 29, 2004

Florida Division of Corporations  
P. O. Box 6198  
Tallahassee, FL 32314

To Whom It May Concern:

I am enclosing a check for \$150.00 in payment of the annual fee for the Corporation – Document Number M52940. I never received anything notifying me of the payment amount or deadline. Please forgive my tardiness. Thank you for your assistance in this matter.

Sincerely,



Marielene Mc Gregor