

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000063226	
1. Entity Name MARION GROUP OF SOUTH FLORIDA, INC.	

Principal Place of Business 2300 GLADES ROAD SUITE 400 EAST BOCA RATON, FL 33431	Mailing Address 1460 RT 9 NORTH SUITE 203 WOODBIDGE, NJ 07095
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02132006 No Chg-P CR2E034(11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1043237	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, LAWRENCE 2200 CORPORATE BLVD NW SUITE 401 BOCA RATON, FL 33431
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**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 reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

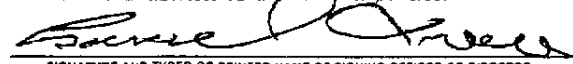
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARON, SAMUEL 15870 LOCHMAREE LANE DELRAY BEACH, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAPLAN, RICKY 1460 RT 9 NORTH SUITE 203 WOODBIDGE, NJ 07095
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/07/06-80014-008 150.00

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IN THIS SPACE**

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

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #