

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000114333

1. Entity Name  
PLUM PARK II, INC.



Principal Place of Business  
141 NW 20TH STREET SUITE G-122  
BOCA RATON, FL 33431

Mailing Address  
141 NW 20TH STREET SUITE G-122  
BOCA RATON, FL 33431

**DO NOT WRITE IN THIS SPACE**



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1060093

Applied For  
Not Applicable

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

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

MARGOLIS, DAVID R  
141 NW 20TH STREET SUITE G-122  
BOCA RATON, FL 33431

**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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                 |                                |
|-----------------|--------------------------------|
| TITLE           | D                              |
| NAME            | MARGOLIS, DAVID R              |
| STREET ADDRESS  | 141 NW 20TH STREET SUITE G-122 |
| CITY - ST - ZIP | BOCA RATON, FL 33431           |
| TITLE           | D                              |
| NAME            | MARGOLIS, BELLE                |
| STREET ADDRESS  | 141 NW 20TH STREET SUITE G-122 |
| CITY - ST - ZIP | BOCA RATON, FL 33431           |
| TITLE           | D                              |
| NAME            | MARGOLIS, ALAN                 |
| STREET ADDRESS  | 141 NW 20TH STREET SUITE G-122 |
| CITY - ST - ZIP | BOCA RATON, FL 33431           |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |

UD00000253919  
03/07/05-80053-010 150.00

**DO NOT WRITE  
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: *David Margolis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/05

DATE

961-338-3426

DAYTIME PHONE #