

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90841 031 ***150.00

DOCUMENT # P01000114151

1. Entity Name
LAW OFFICES OF MARCIA B. SAMUELS, P.A.



Principal Place of Business
**ATTN: CORPORATE RECORDS
7170 SW 8TH STREET
PEMBROKE PINES, FL 33023 US**

Mailing Address
**ATTN: CORPORATE RECORDS
P.O. BOX 245235
PEMBROKE PINES, FL 33024 US**

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2. Principal Place of Business - No P.O. Box #
3290 Dairy Road
Suite, Apt. #, etc.

3. Mailing Address
3290 Dairy Road
Suite, Apt. #, etc.

04272007 Chg-P CR2E034 (12/06)

City & State
Melbourne, FL
Zip
32904
Country
USA

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Melbourne FL
Zip
32904
Country
USA

4. FEI Number
26-0000751
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**SAMUELS, MARCIA B
7170 SW 8TH STREET
PEMBROKE PINES
FLORIDA, FL 33023**

7. Name and Address of New Registered Agent
Name
Samuels, Marcia B
Street Address (P.O. Box Number is Not Acceptable)
3290 Dairy Road
City
Melbourne FL Zip Code
32904

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 **Marcia B. Samuels** / **Marcia B. Samuels** 4/27/07
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
After May 1, 2007, 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 SAMUELS, MARCIA B 7170 SW 8TH STREET PEMBROKE PINES, FL 33023 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Samuels, Marcia B 3290 Dairy Road Melbourne, FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Marcia B. Samuels** / **Marcia B. Samuels** 4/27/07 (321) 674-1606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #