

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90099 048 \*\*\*150.00

DOCUMENT # P02000042274

1. Entity Name  
M. KEITH MARSHALL, P.A.



Principal Place of Business  
~~18305 BISCAYNE BLVD STE 300~~  
AVENTURA, FL 33160

Mailing Address  
~~18305 BISCAYNE BLVD STE 300~~  
AVENTURA, FL 33160

60037753



2. Principal Place of Business  
2999 NE 191st St.  
Suite, Apt. #, etc. # 805

3. Mailing Address  
2999 NE 191st St.  
Suite, Apt. #, etc. # 805

01122006 Chg-P CR2E034 (11/05)

City & State  
Aventura, FL  
Zip 33180 Country Dade

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Aventura, FL  
Zip 33180 Country Dade

4. FEI Number  
90-0039061  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MARSHALL, M. KEITH  
18305 BISCAYNE BLVD STE 300  
AVENTURA, FL 33160

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

**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 D  
NAME MARSHALL, M. KEITH  
STREET ADDRESS ~~7000 ISLAND BLVD STE 5V-5~~  
CITY-ST-ZIP AVENTURA, FL 33160 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MARSHALL, M. KEITH ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6000 ISLAND BLVD #301  
CITY-ST-ZIP AVENTURA, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

60037753

#PO 2000042274

**M. KEITH MARSHALL, P.A.**

Concorde Centre  
2999 NE 191<sup>st</sup> Street  
Suite 805  
Aventura, Florida 33180

(305) 935-8004; Fax: (305) 705-0008  
E-mail: MARSHALL1231@AOL.COM

May 8, 2006


Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed please find 2006 Annual Report for M. KEITH MARSHALL, PA., together with our check in the amount of 150.00.

Please note that because of a change addresses of both the corporation and the registered agent (changes are made on the Report) we did not receive timely, the annual report.

Very truly yours,

  
M. KEITH MARSHALL, President