

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000102254

1. Entity Name  
MARKOWITZ & WARMBRANDT, P.A.



Principal Place of Business  
13500 N. KENDALL DRIVE  
SUITE 161  
MIAMI, FL 33186

Mailing Address  
13500 N. KENDALL DRIVE  
SUITE 161  
MIAMI, FL 33186



03062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
54-2076532

Applied For  
Not Applicable

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

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

WARMBRANDT, KEVIN J  
13500 N. KENDALL DRIVE  
SUITE 161  
MIAMI, FL 33186

**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

**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 WARMBRANDT, KEVIN J  
STREET ADDRESS 13500 N. KENDALL DRIVE, SUITE 161  
CITY-ST-ZIP MIAMI, FL 33186

TITLE D  
NAME MARKOWITZ, RICHARD J  
STREET ADDRESS 13500 N. KENDALL DRIVE, SUITE 161  
CITY-ST-ZIP MIAMI, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000256278  
03/09/05-80009-003 150.00

**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, title or other like empowerment.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #