2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000037957

1. Entity Name
MARCIA STERN, P.A.

Principal Place of Business	Mailing Address
7007 LOMBARDY STREET BOYNTON BEACH, FL 33437	TWO S. UNIVERSITY DRIVE SUITE 215 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

01052006   No Chg-P '   CR2E034 (11/05)

4. FEI Number		Applied For
68-0548367		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LYNN, BRIAN
TWO S. UNIVERSITY DRIVE
SUITE 215
PLANTATION, FL 33324

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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	STERN, MARCIA
STREET ADDRESS	7007 LOMBARDY STREET
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/06-80009-013 150.00

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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 Stern P.A_   _1/22/06_   _561-737-0444_

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