

2004 FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 NOV 24 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11082004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000039002

1. Entity Name
MARK R SPENCE PA



Principal Place of Business
**1190 NW 95TH STREET
SUITE 306
MIAMI, FL 33150**

Mailing Address
**1190 NW 95TH STREET
SUITE 306
MIAMI, FL 33150**

2. Principal Place of Business
1190 NW 95th Street

3. Mailing Address
1190 NW 95th Street

Suite, Apt. #, etc.
306

City & State
Miami

Zip
33150

Country
US

6. Name and Address of Current Registered Agent

**SPENCE, MAURICE
1190 NW 95TH STREET
SUITE 306
MIAMI, FL 33150**

7. Name and Address of New Registered Agent

Name
Amalia Pineda

Street Address (P.O. Box Number is Not Acceptable)
8301 Dundee Terrace

City
Miami Lakes

FL Zip Code
33016

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 **Amalia Pineda** DATE **11-22-2004**

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPENCE, MAURICE 1190 NW 95TH STREET SUITE 306 MIAMI, FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500042610335 11/09/04--01087--022 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Amalia Pineda 8301 Dundee Terrace Miami Lakes FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: **Maurice Spence** DATE **11-8-04** DAYTIME PHONE # **(305) 693-0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR