

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90066 042 ***150.00

DOCUMENT # P04000052256

1. Entity Name
MICHAEL MARKS, PA.



Principal Place of Business
**1154 BIARRITZ DR
MIAMI BEACH, FL 33141**

Mailing Address
**1154 BIARRITZ DR
MIAMI BEACH, FL 33141**

90000600

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

06-1721747

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GAYNES, DAVID M ESQ.
4327 SOUTH HIGHWAY 27
SUITE 404
CLERMONT, FL 34711**

7. Name and Address of New Registered Agent

Name **Michael Marks**

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

1154 Biarritz Drive

City **Miami Beach**

FL

Zip Code **33141**

8. The above named entity certifies 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, 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 **D MARKS, MICHAEL** ☐ Delete
STREET ADDRESS **1154 BIARRITZ DR. NORTH**
CITY - ST - ZIP **MIAMI BEACH, FL 33141**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 all other like empowered.

SIGNATURE:

Michael Marks

Jan 24, 2007 305-866-6847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #