

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90046 008 ***150.00

DOCUMENT # P04000089813					
1. Entity Name MYRA MARCUS, P.A.					
Principal Place of Business 2475 ARIELLE DRIVE 1505 NAPLES, FL 34109-1336 US			Mailing Address 2475 ARIELLE DRIVE 1505 NAPLES, FL 34109-1336 US		
2. Principal Place of Business - No P.O. Box # 6058 Terra Mere Circle			3. Mailing Address 6058 Terra Mere Circle		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Boynton Beach FL		City & State Boynton Beach FL		4. FEI Number 20-1230292	
Zip 33437		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03072008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MARCUS, MYRA 2475 ARIELLE DRIVE 1505 NAPLES, FL 34109-1336			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6058 Terra Mere Circle City Boynton Beach FL Zip Code 33437		
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 _____ DATE _____ <small>Signature: Typed or printed name of registered agent, and role if applicable. (NOTE: Registered Agent signature required when re-issuing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSD	NAME MARCUS, MYRA		<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
STREET ADDRESS 2475 ARIELLE DRIVE, APT 1505	STREET ADDRESS 6058 Terra Mere Circle		STREET ADDRESS Boynton Beach FL 33437		
CITY- ST- ZIP NAPLES, FL 341091336	CITY- ST- ZIP Boynton Beach FL 33437		CITY- ST- ZIP Boynton Beach FL 33437		
NAME _____			NAME _____		
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CITY- ST- ZIP _____			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 an address, with all other like empowered.					
SIGNATURE:			4/5/08 561 132-5269		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					