2005 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED Jun 02, 2005 8:00 am Secretary of State

DOCUMENT # P04000119845 1. Entity Name MARSHALL PROFESSIONAL SERVICES INC.							05-02-200:	5 90982	2 028 ***	*150.00
Principal Place of Business 9 SW 13TH ST FT LAUDERDALE, FL 33315			Mailing Address 9 SW 13TH ST FT LAUDERDALE, FL 33315			 	66020		E181 PRH1 8000. A	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #. etc.			04282005	Chg-P	CR2EC	034 (10/03)	
City & State			City & State		4. FÉI Numb	"a0-1509	622	At No	oplied For of Applicable	
Zip	Country		Zip Coun		itry	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current		-7. Name end	Address of New Re	gistered	Agent			
ANDREWS	NOT 2		Name							
9 SW 13TH ST FT LAUDERDALE, FL 33315				Street Address (P.O. Box Numb	er is Not Acceptable	·		-	
				City			FL	Zip Cod	le	
9 The about	named sails	hi authorita thin attampant to	ed office or recipte	rad agent or bo	dh in the State of Elos		formiliae with	and accept		
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 A MINISTER STATE OF THE STATE OF T										
SIGNATURE Signature, typed 6 printed here of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
		FEE IS \$150.00 5 Fee will be \$550.0	ncing \$5	.00 May Be led to Fees						
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE	DP Delete TII								Change	Addition
NAME STREET ADDRESS	MARSHALL, LISA ORESS 9 SW 13TH ST				E ADORESS					
CITY-ST-ZIP										
TITLE	□ Deleta TITI				Ε		-		Change	Addition
NAME STREET ADDRESS	:			HAAA ETTE	E ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
MIE			☐ Delete	Ē				Change	☐ Addition	
NAME	•									
STREET ADORESS CITY-ST-ZIP	ŀ				ET AOORESS -ST-ZIP					
IIILE .			Delete	TITL					Change	Addition
HALE				NAM	ε -					
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	·		7	_	- 57 - ZIP				☐ Change	- Addition
TITLE NAME			☐ Deleta	TITL:					change	Addition
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-ZIP	L			СПА	-ST-ZIP				<u></u>	
TITLE			_ Delete	TITL					Change	Addition
STREET ADDRESS	·				ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 equired by Chapter 507, 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://SHVWHMULLU										