

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000033446

**FILED**  
**Sep 06, 2010**  
**Secretary of State**

**Entity Name:** MARC CHARLES & ASSOCIATES INSURANCE PLANNING, INC.

**Current Principal Place of Business:**

18280 NE 8TH AVE  
N MIAMI BCH, FL 33162

**New Principal Place of Business:**

10822 NW 7TH AVE  
MIAMI, FL 33168

**Current Mailing Address:**

18280 NE 8TH AVE  
N MIAMI BCH, FL 33162

**New Mailing Address:**

**FEI Number:** 68-0613744      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHARLES, MARC  
18280 NE 8TH AVE  
N MIAMI BCH, FL 33162      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHARLES, MARC  
Address: 18280 NE 8TH AVE  
City-St-Zip: N MIAMI BCH, FL 33162

Title: D  
Name: CHARLES, GREGORY  
Address: 18280 NE 8TH AVE  
City-St-Zip: N MIAMI BCH, FL 33162

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARC CHARLES

D

09/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date