


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90057 043 \*\*\*150.00

DOCUMENT # P05000136047

1. Entity Name  
 MARK L. SMITH, P.A.



Principal Place of Business  
 4820 WEST COMMERCIAL BLVD.  
 TAMARAC, FL 33319 US

Mailing Address  
 4820 WEST COMMERCIAL BLVD.  
 TAMARAC, FL 33319 US

40053232

2. Principal Place of Business - No P.O. Box #  
 6700 NE 20 TERR  
 Suite, Apt. #, etc.

3. Mailing Address  
 6700 NE 20 TERR  
 Suite, Apt. #, etc.  
 FT LAUDERDALE



01242007 Chg-P CR2E034 (12/06)

City & State  
 FT LAUDERDALE, FL

City & State  
 FL

Zip  
 33308

Country  
 USA

Zip  
 33308

Country  
 USA

4. FEI Number  
 20-3533028

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, MARK L  
 4820 WEST COMMERCIAL BLVD.  
 TAMARAC, FL 33319

7. Name and Address of New Registered Agent

Name  
 JOAN LONGO

Street Address (P.O. Box Number is Not Acceptable)  
 6700 NE 20 TERR

City  
 FT LAUDERDALE FL

Zip Code  
 33308

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 *[Signature]* (NOTE: Registered Agent signature required when re-registering)

DATE 4/2/07

**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 P	NAME SMITH, MARK L	<input type="checkbox"/> Delete
STREET ADDRESS 4820 WEST COMMERCIAL BLVD.	CITY-ST-ZIP TAMARAC, FL 33319	
TITLE D	NAME SMITH, MARK L	<input type="checkbox"/> Delete
STREET ADDRESS 4820 WEST COMMERCIAL BLVD.	CITY-ST-ZIP TAMARAC, FL 33319	
TITLE S	NAME SMITH, MARK L	<input type="checkbox"/> Delete
STREET ADDRESS 4820 WEST COMMERCIAL BLVD.	CITY-ST-ZIP TAMARAC, FL 33319	
TITLE T	NAME SMITH, MARK L	<input type="checkbox"/> Delete
STREET ADDRESS 4820 WEST COMMERCIAL BLVD.	CITY-ST-ZIP TAMARAC, FL 33319	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 6700 NE 20 TERR
STREET ADDRESS FT LAUDERDALE, FL 33308	CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 6700 NE 20 TERR
STREET ADDRESS FT LAUDERDALE, FL 33308	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 6700 NE 20 TERR
STREET ADDRESS FT LAUDERDALE FL 33308	CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 6700 NE 20 TERR
STREET ADDRESS FT LAUDERDALE FL 33308	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
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 an address, with all other like empowered.

SIGNATURE: *Mark L Smith* **MARK L SMITH**

DATE: 4-3-07

DAYTIME PHONE: (954) 547-2700

ATTACHMENT

40053232  
~~# PD5000136047~~  
Reference: Mark L Smith PA.

I hope this is done correctly to reflect the address changes.

to 6700 NE 20 TER  
F. Lauderdale, FL 33308.

Thanks for your help.

Mark Smith, Pres.

954-547-2700