## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P93000081624

1. Entity Name

STANLEY M. NEWMARK, P.A.



Principal Place of Business

9400 S. DADELAND BLVD.

SUITE 300

MIAMI, FL 33156

Mailing Address

9400 S. DADELAND BLVD. SUITE 300

MIAMI, FL 33156

## **FILED** Jan 08, 2004 08:00 AM **Secretary of State**



01052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0452050 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWMARK STANIEVM

9400 S. DADELAND BLVD. SUITE 300 MIAMI, FL 33156				IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	ourpose of changing its regis	stered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered			stered Agent signature	J Agent signature required when reinstating)  DATE		
FILE NOW!!! FEE 1S \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Fi Trust Fund Contributi		\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D NEWMARK, STANLEY M 9400 S. DADELAND BLVD., SUITE 30 MIAMI, FL 33156	4				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filing 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 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:** 

TITLE NAME STREET ADDRESS

SIGNATURE AND TO

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR