

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000078746**

1. Entity Name  
SOCKEL-MAYNARD ASSOCIATES, INC.



Principal Place of Business  
8799 HOLLY CT.  
#204  
FORT LAUDERDALE, FL 33321

Mailing Address  
PO BOX 39178  
FT. LAUDERDALE, FL 33339

**DO NOT WRITE IN THIS SPACE**



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0557097

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MAYNARD, PIERRE-SERGE  
8799 HOLLY CT. #204  
FORT LAUDERDALE, FL 33321

**DO NOT WRITE  
IN THIS SPACE**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 SOCKEL, RICHARD  
STREET ADDRESS 7625 NW 79TH AVE 101  
CITY-ST-ZIP FORT LAUDERDALE, FL 33321

TITLE VPST  
NAME MAYNARD, PIERRE-SERGE  
STREET ADDRESS 8799 HOLLY CT. #204  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE SNV  
NAME MANARD, LAURA  
STREET ADDRESS 3055 NE 190TH ST APT 304  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE DNV  
NAME SOCKEL, ARLENE  
STREET ADDRESS 7625 NW 79TH AVE 101  
CITY-ST-ZIP FORT LAUDERDALE, FL 33321

TITLE DMV  
NAME JONES, AIMEE  
STREET ADDRESS 4020 NW 93 WAY  
CITY-ST-ZIP SUNRISE, FL 33351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000704635  
04/23/07-80019-003 150.00

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IN THIS SPACE**

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:** *Richard Sockel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*APRIL 11<sup>th</sup> 2007 - 954.561.2551*