## 2008 FOR PROFIT CORPORATION

## May 01, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P95000013842 1. Entity Name AVERILL G. MARCUS, P.A. Principal Place of Business Mailing Address TWO DATRAN CENTER - PENTHOUSE ONE TWO DATRAN CENTER - PENTHOUSE ONE PENTHOUSE ONE A PENTHOUSE ONE A MIAMI, FL 33156 MIAMI, FL 33156 04112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEt Number 65-0550343 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MARCUS, AVERILL G DO NOT WRITE 9130 S. DADELAND BLVD PH-IA MIAMI, FL 33152 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 poligations of registered agent. Signature, typed or printed name of registered agent and their applicable (NOTE: Hepistered Agent signature required when renstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ITTLE MARCUS; AVERILL G NAME STREET ADDRESS 9130 DADELAND BLVD-PH I-A CITY-S1-7IP MIAMI, FL 33156 BILE NAME MARCUS, GERALDINE STREET ADDRESS 9130 S. DADELAND BLVD PH I-A CITY-SI-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I turther 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee emocwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS OTY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP

**FILED**