

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000068663	
1. Entity Name MARTYN W.D. VERSTER, P.A.	

Principal Place of Business 9425 SUNSET DRIVE # 124 MIAMI, FL 33173 US	Mailing Address 9425 SUNSET DRIVE # 124 MIAMI, FL 33173 US
--	--

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0611572	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent VERSTER, MARTYN W 9425 SUNSET DRIVE # 124 MIAMI, FL 33173
--

**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, 2006 Fee will be \$550.00**

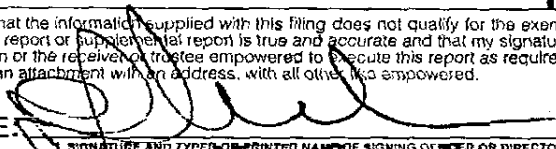
9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
---	--------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P VERSTER, MARTYN W 9425 SUNSET DRIVE # 124 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

000000528476
05/05/06-80039-023 150.00

**DO NOT WRITE
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 ICA empowered.

SIGNATURE 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Martyn Verster, Esq.

4-20-06 385-279-2713
Date Daytime Phone #