

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000073499 1. Entity Name MARGOLIS DEVELOPMENT, INC.	
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Principal Place of Business 141 NW 20TH ST SUITE G-122 BOCA RATON, FL 33431	Mailing Address 141 NW 20TH ST SUITE G-122 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0791359	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARGOLIS, DAVID
141 NW 20TH ST
SUITE G-122
BOCA RATON, FL 33431

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARGOLIS, DAVID 141 N.W. 20TH ST. G-122 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARGOLIS, ALAN 141 NW 20TH ST G-122 BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/07/05-80073-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Alan Margolis ALAN MARGOLIS 3/4/05 313383426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #