


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90131 006 \*\*\*150.00

<b>DOCUMENT # P98000094803</b> 1. Entity Name <b>MARILYN R. ISRAEL, P.A.</b>					
Principal Place of Business <b>3350 BEAU RIVAGE DRIVE POMPANO BEACH, FL 33064</b>			Mailing Address <b>3350 BEAU RIVAGE DRIVE POMPANO BEACH, FL 33064</b>		
2. Principal Place of Business <b>450 N. Park Road,</b>		3. Mailing Address <b>450 N. Park Road</b>			
Suite, Apt. #, etc. <b>Suite 500</b>		Suite, Apt. #, etc. <b>Suite 500</b>			
City & State <b>Hollywood, FL</b>		City & State <b>Hollywood, FL</b>			
Zip <b>33021</b>		Zip <b>33021</b>		Country <b>USA</b>	
4. FEI Number <b>65-0875460</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>ISRAEL, MARILYN R 3360 BEAU RIVAGE DRIVE POMPANO BEACH, FL 33064</b>			7. Name and Address of New Registered Agent Name <b>Israel, Marilyn R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>450 N. Park Road</b> <b>Suite 500</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33021</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ISRAEL, MARILYN R</b> <input type="checkbox"/> Delete <b>3350 BEAU RIVAGE DRIVE POMPANO BEACH, FL 33064</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Israel, Marilyn R.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>450 N. Park Road, Suite 500 Hollywood, FL 33021</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: _____</b> <b>Marilyn R. Israel</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					