2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # P98000102855 04-16-2004 90036 023 ***150.00 1. Entity Name LAW OFFICES OF JONATHON MARNE, P.A. Principal Place of Business Mailing Address 54034678 ONE EAST BROWARD BLVD 423 N.E. 16TH AVE FT LAUDERDALE, FL 33301 #700 FORT LAUDERDALE, FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 65-0881024 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARNE, JONATHON ESQ. Street Address (P.O. Box Number is Not Acceptable) 423 N.E. 16TH AVE FORT LAUDERDALE, FL 33301 City Zip Code is 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 8. The above named the obligations of 4-14-04 ared agent and title if applicable. (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE TITLE Delete MARNE, JONATHON ESQ. NAME NAME STREET ADDRESS 423 N.E. 16TH AVE STREET ADDRESS FORT LAUDERDALE, FL 33301 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Channe TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition THEF ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 pa address, with all other like empowered.

ME OF SIGNING OFFICER OR DIRECTOR

FILED

Daylime Phone #

Page 1 of 2



Division of Corporations

Annual Report

Page 1

Document Number P98000102855 **Business Entity Name**

_ FEI Number	650881024
FEI Number Status	○ Applied For ○ Not Applicable ● Current
Certificate of Status D	esired 💮 Yes 📵 No
	rincipal Place of Business
Address	ONE EAST BROWARD BLVD
Suite, Apt. #, etc.	#700
City, State	FORT LAUDERDALE FL
Zip Code & Countr	y <mark>33301</mark>
	Mailing Address
Address	423 N.E. 16TH AVE
Suite, Apt. #, etc.	
City, State	FT LAUDERDALE FL
Zip Code & Countr	у 33301
	and Address of Registered Agent
Name (Last, First, Middle, Title	DONATHON - SESQ.
-or- RA Business Name	
Address	423 N.E. 16TH AVE
Suite, Apt. #, etc.	
City, State	FORT LAUDERDALE FL
Zip Code & Country	33301 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

Registered Agent Signature