

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90020 017 ***150.00

DOCUMENT # P99000094099

1. Entity Name
MARK SCHIFFRIN, P.A.



Principal Place of Business
**4600 SHERIDAN ST
SUITE 303
HOLLYWOOD, FL 33021 US**

Mailing Address
**4600 SHERIDAN ST
SUITE 303
HOLLYWOOD, FL 33021 US**



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0957049

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHIFFRIN, MARK
4600 SHERIDAN ST
SUITE 303
HOLLYWOOD, FL 33021**

**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 \$550.00
Due by September 7, 2005**

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
**D
SCHIFFRIN, MARK
4600 SHERIDAN ST SUITE 303
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(MARK SCHIFFRIN)

Date

Daytime Phone #

7-8-05 954-961-3466

ATTACHMENT
MARK SCHIFFRIN, P.A. 140/8934
ATTORNEY & COUNSELOR AT LAW

MARK SCHIFFRIN

4600 SHERIDAN STREET
SUITE 303
HOLLYWOOD, FLORIDA 33021
(954) 961-3466
(954) 961-1655 (FAX)

(MAILING ADDRESS)

July 8, 2005

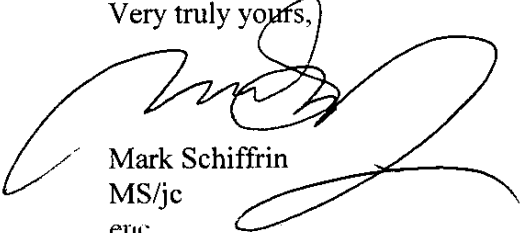
Division of Corporations
Post Office Box 6198
Tallahassee, Florida 32314-6198

RE: Notice of Intent to Dissolve
Document No. : P99000094099

Dear Sir/Madam:

Please be advised that I did not receive a notice regarding the above mentioned matter prior to June 29, 2005. Would you kindly waive the \$ 400.00 late fee as that was my first notice that my fees were due. Also please find enclosed executed 2005 for profit corporation annual report along with my check # 8016 in the amount of \$ 150.00 for the costs of the fees. Thank you for your cooperation in this matter.

Very truly yours,


Mark Schiffrin
MS/jc
enc.