

State of Florida



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-M-E-M-O-R-A-N-D-U-M-

DATE: May 13, 2009

TO: Ann Cole, Commission Clerk – PSC, Office of Commission Clerk

FROM: Toni J. McCoy-Earnhart, Regulatory Analyst II, Division of Regulatory Compliance 

RE: Docket No. 090187-TX; Roberta L. Marcus Inc. d/b/a Marcus Centre

Please add the attached financial form signed by the Company Officers to the docket file.

Call 413-6532, if you have any questions.

Attachments

COM _____
 ECR _____
 GCL _____
 OPC _____
 RCP _____
 SSC _____
 SGA _____
 ADM _____
 CLK Donna

DOCUMENT NUMBER-DATE

04681 MAY 14 08

FPSC-COMMISSION CLERK

Form 1120S

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0130

Department of the Treasury Internal Revenue Service

G Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. G See separate instructions.

2007

For calendar year 2007 or tax year beginning 2007, ending

A S election effective date 6/01/1990	Use the IRS label. Otherwise, print or type. Roberta L. Marcus, Inc. 9990 S.W. 77th Avenue Miami, FL 33156	D Employer identification number 65-0194480
B Business activity code number (see instructions) 531120		E Date incorporated 5/24/1990
C Check if Sch M-3 attached <input type="checkbox"/>		F Total assets (see instructions) \$ 899,986.

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If 'Yes,' attach Form 2553 if not previously filed

H Check if: (1) Final return (2) Name change (3) Address change
(4) Amended return (5) S election termination or revocation

I Enter the number of shareholders in the corporation at the end of the tax year. G 1

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

INCOME	1a Gross receipts or sales	b Less returns and allowances	c Bal G	1c
	2 Cost of goods sold (Schedule A, line 8)			2
	3 Gross profit. Subtract line 2 from line 1c			3
	4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			4
	5 Other income (loss) (attach statement)			5
	6 Total income (loss). Add lines 3 through 5			G 6
DEDUCTIONS	7 Compensation of officers			7
	8 Salaries and wages (less employment credits)			8
	9 Repairs and maintenance			9
	10 Bad debts			10
	11 Rents			11
	12 Taxes and licenses			12
	13 Interest			13
	14 Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)			14
	15 Depletion (Do not deduct oil and gas depletion)			15
	16 Advertising			16
	17 Pension, profit-sharing, etc. plans			17
	18 Employee benefit programs			18
	19 Other deductions (attach statement)			19
	20 Total deductions. Add lines 7 through 19			G 20
	21 Ordinary business income (loss). Subtract line 20 from line 6			21
TAX AND PAYMENTS	22a Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b Tax from Schedule D (Form 1120S)	22b		
	c Add lines 22a and 22b (see instructions for additional taxes)			22c
	23a 2007 estimated tax payments and 2006 overpayment credited to 2007	23a		
	b Tax deposited with Form 7004	23b		
	c Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d Add lines 23a through 23c			23d
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached			G <input type="checkbox"/> 24
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25 0.
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26
27 Enter amount from line 26 Credited to 2008 estimated tax		Refunded	27	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

A Roberta L. Marcus President 5-13-09
Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Preparer's signature: A Michael J. Zimmerman Date: _____ Check if self-employed: Preparer's SSN or PTIN: _____

Paid Preparer's Use Only: Firm's name: Zimmerman, Marconi & Alzate EIN: 65-0718943
Address: 13320 SW 128th Street Miami, FL 33186-5899 Phone no. (305) 235-9515

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. SPSA0105L 12/28/07 Form 1120S (2007)

DOCUMENT NUMBER-DATE

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True + Correct [Signature] 5/13/09

Toni Earnhart

From: NET SatisFAXtion [postmaster]
Sent: Wednesday, May 13, 2009 3:47 PM
To: Toni Earnhart
Subject: 3052740220, 1 page(s)

Attachments: FAX.TIF

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