

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90034 019 ***150.00

DOCUMENT # F01000003846	
1. Entity Name MAIORISI MARKETING CORPORATION	

Principal Place of Business 3711 NE 27TH TERRACE POMPANO BEACH, FL 33064	Mailing Address C/O HECHT, DI MARCO & CO, LLC 271 RT 46 W STE H109 FAIRFIELD, NJ 07004
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2. Principal Place of Business - No P.O. Box # 3711 NE 27TH TERRACE	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State LIGHTHOUSE POINT FL	City & State
Zip 33064	Country USA

40010308



01062007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MAIORISI, PAUL 3711 NE 27TH TERRACE POMPANO BEACH, FL 33064 LIGHTHOUSE POINT	
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4. FEI Number 22-1833803	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

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 <u><i>Paul Maiorisi</i></u> Signature, typed or printed name of registered agent and title if applicable.	<u><i>Paul Maiorisi</i></u> <u><i>1/31/07</i></u> (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAIORISI, GABRIELLA 3711 NE 27TH TERRACE POMPANO BEACH, FL 33064 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition P MAIORISI, PAUL 3711 NE 27TH TERRACE LIGHTHOUSE POINT FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Paul Maiorisi</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u><i>Paul Maiorisi</i></u> <u><i>1/31/07</i></u> Date	<u><i>954-575-1666</i></u> Daytime Phone #