2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90026 031 ***150.00

DOCUMENT # P03000139178

1. Entity Name
E.A. MARKETING, INC.

Principal Place of Business	Mailing Address
1717 NORTH BAYSHORE DRIVE #3440 MIAMI, FL 33132	1717 NORTH BAYSHORE DRIVE #3440 MIAMI, FL 33132

01192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7925 N.W. 12th Street	7925 N.W. 12th Street
Suite, Apt. #, etc.: # 412	Suite, Apt. #, etc.: # 412
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33126 Country: USA	Zip: 33126 Country: USA

4. FEI Number 20-0433241 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, MARK D ESQ. 4000 HOLLYWOOD BLVD. PRESIDENTIAL CIRCLE, STE 435 SOUTH HOLLYWOOD, FL 33021	Name: Michael D. Arama Esq. Street Address (P.O. Box Number is Not Acceptable): 35 N.E. 40th Street City: Miami FL Zip Code: 33137

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] 1/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, MARK D ESQ. 4000 HOLLYWOOD BLVD. #435 S HOLLYWOOD, FL 33021	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres V.P/Sec/Treas/D ELIE L. ARAMA 1717 N. Bayshore Drive #3440 Miami FL 33132	☐ 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
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 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] 1/28/04 786-845-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #