

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90021 001 ***150.00

DOCUMENT # P03000139178

1. Entity Name

E.A. MARKETING, INC.



Principal Place of Business
7855 NW 12TH STREET
211
MIAMI FL 33126

Mailing Address
7855 NW 12 ST.
211
MIAMI FL 33126



2. Principal Place of Business - No P.O. Box #

4585 Nautilus DR.

3. Mailing Address

4585 Nautilus DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

M.B. FL

City & State

M.B. FL

4. FEI Number

20-0433241

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

33140

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARAMA, MICHAEL D ESQ.
35 N.E. 40TH STREET
MIAMI FL 33137

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

Signature, in blue or black ink, of registered agent and state acceptable.

(NOTE: Registered Agent signature required when transferring)

2/27/08

DATE

FILE NOW!!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	☒ Delete
NAME	ARAMA, ELIE L	
STREET ADDRESS	1717 N BAYSHORE DRIVE #3440	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	☒ Change ☐ Addition
NAME	Elie Arama	
STREET ADDRESS	4585 Nautilus DR.	
CITY-ST-ZIP	M.B. FL 33140	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/08