

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90028 045 ***150.00



DOCUMENT # P06000052410

1. Entity Name
S MARKETING, INC.

Principal Place of Business
**468 WEST 51 PLACE
 HIALEAH, FL 33012**

Mailing Address
**468 WEST 51 PLACE
 HIALEAH, FL 33012**

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

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

01142008 Chg-P CR2E034 (12/06)

4. FEI Number
20-4973316

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**YAKIR, DANNON
 468 WEST 51 PLACE
 HIALEAH, FL 33012**

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, 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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DANNON, YAKIR	
STREET ADDRESS	2320 NE 211 STREET	
CITY-ST-ZIP	N MIAMI BEACH, FL 33181	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRANCO, ISRAEL	
STREET ADDRESS	2 WEST WAY	
CITY-ST-ZIP	CHAPPAQUA, NY 10514	
TITLE	T	<input type="checkbox"/> Delete
NAME	ABADY, DAVID	
STREET ADDRESS	2110 NE 214 STREET	
CITY-ST-ZIP	N MIAMI BEACH, FL 33179	
TITLE	S	<input type="checkbox"/> Delete
NAME	FIRTELL, STEPHEN	
STREET ADDRESS	25272 STILLWELL PKWY	
CITY-ST-ZIP	BOYITA SPRINGS, FL 34135	
TITLE	S	<input type="checkbox"/> Delete
NAME	FIRTELL, THERESA	
STREET ADDRESS	25272 STILLWELL PKWY	
CITY-ST-ZIP	BOYITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/08 305 215-9077
 Date Daytime Phone #