

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000086903

FILED
Jan 26, 2004
Secretary of State

Entity Name: CEMETERY MARKETING, INC.

Current Principal Place of Business:

5965 SW 100 ST
MIAMI, FL 33156 US

New Principal Place of Business:

6510 CASTANEDA STREET
CORAL GABLES, FL 33146 US

Current Mailing Address:

PO BOX 140340
CORAL LAKES, FL 33146 US

New Mailing Address:

PO BOX 140340
CORAL GABLES, FL 33146 US

FEI Number: 65-0709169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASPONS, MIGUEL A
5965 SW 100 STREET
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MASPONS, MIGUEL A
Address: 5965 SW 100 ST
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: MASPONS, ERIC
Address: 6510 CASTANEDA ST
City-St-Zip: CORAL GABLES, FL 33146

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MASPONS, MARIA M
Address: 6510 CASTANEDA STREET
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA M. MASPONS

D

01/26/2004

Electronic Signature of Signing Officer or Director

_____ Date