

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000086903

FILED  
Jul 06, 2007  
Secretary of State

Entity Name: CEMETERY MARKETING, INC.

**Current Principal Place of Business:**

6510 CASTANEDA STREET  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 140340  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MIGUEL MASPONS

D

07/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date