2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

 ANNUAL REPORT	_
	Г

DOCUMENT # 556257 1. Entity Name E-Z MARKETING ASSOCIATES, INC.	C.		02-25-2008 90	0051 017 ***150.00		
Principal Place of Business 9126 GRIFFIN ROAD COOPER CITY, FL 33328 US	Mailing Address 9126 GRIFFIN ROAD COOPER CITY, FL 33328	US	TAAA TAAA	Ti anın giril girli girli girli girli girli girli birlikgi n feri		
2. Principal Place of Business - No P.O. Box & 9116 6 ciffin Rd Suite. Apt. #, etc.	3. Mailing Address Suite. Apt. #. etc.	ffin Road	1			
City & State	City & State	. /- ()	02122008 Chg-P 4. FEI Number	CR2E034 (12/06) Applied For		
Zip Country Country	Zip 3 3 2 7	Country	59-1786537 5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Regulated		
6. Name and Address of Current		Name -7	7. Name and Address of New			
ZECHMAN, CHARLES A. 9126 GRIFFIN ROAD COOPER CITY, FL 33328			S (P.O. Box Number & Not Acceptab	_ 		
	·	9//6 city	Griffin Ro			
The above named entity submite this statement to	or the purpose of changing its re	(00	per City Bered agent, or both, in the State of F	FL Zip Code 33333		
the obligations of registered agent. SIGNATURE				2/20/08		
Signature, speed cyclinited name of registrant agent		legistered Agent signature requ		DATE		
FILE NOW!!! FEE 5 \$150.00) After May 1, 2008 Fee will he \$850.	9. Election Campaigr OD Trust Fund Contrib	~ _ ~	5,00 May Be dided to Fees			
10. OFFICERS AND	DIRECTORS Detele	11.	<u> </u>	FICERS AND DIRECTORS IN 11		
NAME ZECHMAN, CHARLES A. STREET ADDRESS 9126 GRIFFIN ROAD CITY-SI-ZP COOPER CITY, FL 33328	_ Cape	NAME STREET ADDRESS CITY-ST-ZIP	9/16 Griffin / coper City F	20ad Addition □ Addit		
TIME	☐ Oelete	····L	sope City	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY+ST-ZIP				
SITLE NAME	☐ Detete	TITLE		☐ Change - ☐ Addition		
STREET ADDRESS CITY-ST-ZIP	-,	STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	☐ Dalete	TITLE NAME		Change Addition		
STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	Oelete	TITLE NAME		. Change Addition		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS City-St-Zip				
TIFLE NAME	☐ Delete	TITLE NAME		Change Addition		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-S1-ZIP				
12. I hereby certify that the information supplied with indicated on this report or supplemental gaport of the corporation or the scalary or trustee emporation or the scalary or trustee emporation an address.	n this filing does not qualify for to strue and accurate and that my	he exemptions contain signature shall have the	ned in Chapter 119, Florida Statutes, he same legal effect as if made under 507, Florida Statutes, and that the con-	I further certify that the information oath; that I am an officer or director an appears in Block 10 or Block 11 if		
	with all other like empowered.	TO A CHARLES OF CHARLES (S. I South a state of the state	S		
SIGNATURE: SIGNATURE AND DIFFED OR DISTRICTION Date OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date						