

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-28-2008 90346 037 ***150.00

DOCUMENT # 643059

1. Entity Name
MARKETING AND MANAGEMENT SERVICES, INC.



Principal Place of Business

**3000 SW 60 AVE
DAVIE, FL 33314 US**

Mailing Address

**PO BOX 292037
DAVIE, FL 33329 US**

40084300



DO NOT WRITE IN THIS SPACE

02042008 No Chg-P CR2E034 (11/05)

4. FEI Number **59-1941806** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FORMAN, M. AUSTIN
~~1804 S.E. 9TH STREET~~ 888 SE 3 Ave #501
FORT LAUDERDALE, FL 33316**

**DO NOT WRITE
IN THIS SPACE**

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 VPD
NAME FORMAN, CHRISTINE
STREET ADDRESS 888 SE 3 AVE, STE 501
CITY-ST-ZIP FT LAUDERDALE, FL 33316

TITLE PD
NAME FORMAN, M. AUSTIN
STREET ADDRESS 888 SE 3 AVE, STE 501
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE VP
NAME TRUMBACH, ANDREW
STREET ADDRESS 888 SE 3RD AVE. #501
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE VP
NAME FORMAN, ERIC
STREET ADDRESS 888 SE 3RD AVE. #501
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE VP
NAME FORMAN, II, MILES A
STREET ADDRESS 888 SE 3RD AVE. #501
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

2-8-08