

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # F03000004596

1. Entity Name

NORTH AMERICAN MARKETING ENTERPRISES, INC.



**FILED
Feb 07, 2005 8:00 am
Secretary of State**

02-07-2005 90046 042 ***150.00

Principal Place of Business

190 HURD STREET
FAIRFIELD CT 06824

Mailing Address

PO BOX 673
FAIRFIELD CT 06824

2. Principal Place of Business

4460 6TH PLACE SW

Suite, Apt. #, etc.

3. Mailing Address

4460 6TH PLACE SW

Suite, Apt. #, etc.

City & State

VERO BEACH/FL

City & State

VERO BEACH/FL

Zip

32968

Zip

32968

Country

4. FEI Number

06-1307292

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WITTGRAFE, BIANCA
720 45TH COURT SW
VERO BEACH FL 32968

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST Delete
NAME NATORP, VOLKER
STREET ADDRESS 190 HURD STREET
CITY-ST-ZIP FAIRFIELD CT 06824

TITLE PST Change Addition
NAME NATORP, VOLKER
STREET ADDRESS 4460 6TH PLACE SW
CITY-ST-ZIP VERO BEACH/FL 32968

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

1/26/05 772.778.4505
Date Daytime Phone #