

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90042 025 ***150.00

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1. Entity Name

SHOW ROOM MARKETING CORP.



Principal Place of Business

305 VETERANS BLVD
CARLSTADT NJ 07072

Mailing Address

305 VETERANS BLVD
CARLSTADT NJ 07072

2. Principal Place of Business - No P.O. Box #

305 Veterans Blvd

3. Mailing Address

305 Veterans Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Carlstadt, NJ

City & State
Carlstadt, NJ

4. FEI Number
11-3115942

Applied For
Not Applicable

Zip
07072

Country
USA

Zip
07072

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 the applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDC
JACOBS, PAUL
305 VETERANS BLVD
CARLSTADT NJ 07072 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVCD
JACOBS, PAUL
305 VETERANS BLVD
CARLSTADT NJ 07072 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDC
Silvia Lyons
305 Veterans Blvd
Carlstadt, NJ 07072 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVCD
GARCIA, ELSA
305 VETERANS BLVD
CARLSTADT NJ 07072 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDC
Elsa Garcia
305 Veterans Blvd
Carlstadt, NJ 07072 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

Electronic Filing #