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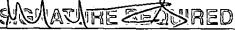
Jul 31, 2003 8:00 am

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT/(UBR)**

Secretary of State F96000003609 DOCUMENT # 07-31-2003 90069 022 ***150.00 1. Entity Name CMA MARKETING CORP. Principal Place of Business Mailing Address 140 N.W. 16TH STREET 140 N.W. 16TH STREET **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 13-3628239 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADES, CLAUDE M Street Address (P.O. Box Number is Not Acceptable) __140.S.E..5TH AVENUE_ APT. PH538 **BOCA RATON FL 33432** 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 \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Addition ADES, CLAUDE M NAME NAME 140 S.E. 5TH AVENUE, APT. #PH538 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE _[] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY ST ZIP-TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS 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

SIGNATURE:



Daytime Phone *

Attachment

S0134879

#F9600003609

TO Whom it May Concern

We did not receive our first notice of the uniform business Report.

Please accept \$150.00 for full payment of 2003.