2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90347 021 ***150.00

DOCUMENT # H02532

1. Entity Name
SALES AND MARKETING CORPORATION

Principal Place of Business
550 OCEAN DR. ~~#9H~~ #9 H
KEY BISCAYNE, FL 33149 US

Mailing Address
~~3000 BRANDON BLVD.~~ 550 ocean dr. #9 1.
~~#204~~
KEY BISCAYNE, FL 33149 US

04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2400705
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARRILLO, JULIO M
550 OCEAN DR #9H
KEY BISCAYNE, FL 33149

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARRILLO, JULIO M
STREET ADDRESS	550 OCEAN DRIVE #9H
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	VP
NAME	CARRILLO, PURITA F.
STREET ADDRESS	550 OCEAN DRIVE, 9-H
CITY-ST-ZIP	KEY BISCAYNE, FL
TITLE	TS
NAME	CARRILLO-PONCE, BEATRIZ
STREET ADDRESS	300 GALEN DR # 201
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-23-04 305-361-0108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #