


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90004 031 \*\*\*150.00

<b>DOCUMENT # H02532</b> 1. Entity Name <b>SALES AND MARKETING CORPORATION</b>					
Principal Place of Business <b>550 OCEAN DR., #9H</b> <b>KEY BISCAYNE, FL 33149 US</b>			Mailing Address <b>550 OCEAN DRIVE #9H</b> <b>#205</b> <b>KEY BISCAYNE, FL 33149 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2400705</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CARRILLO, JULIO M</b> <b>550 OCEAN DR #9H</b> <b>KEY BISCAYNE, FL 33149</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			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.		
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		
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