2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 02, 2007 8:00 am Secretary of State DOCUMENT # J78751 1. Entity Name 04-02-2007 90100 037 ***150.00 MARKETING RESOURCES AND MANAGEMENT, INC. Principal Place of Business Mailing Address 552 S DIXIE HWY POMPANO BEACH FL 33060 552 S DIXIE HWY POMPANO BEACH FL 33060 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2840225 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 MAHONEY, RICHARD C Richard Yusem Street Address (P.O. Box Number is Not Acceptable) 371 WOODLAKE LANE 389 Oregon Lane DEERFIELD BEACH FL 33442 Boca Raton, FL. 33487-1431 City Boca Raton Zip3C3487-1431 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 regi SIGNATURI (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VSTD HIII **N**Delete THE Change Addition MAHONEY, MARSHA S. NAME Yusem, Richard NAME 371 WOODLAKE LANE 389 Oregon Lane STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL CITY-ST-7IP CITY-ST-7IP Boca Raton, Fl. 33487 PD **X**Delete TITLE TITLE Change ☐ Addition MAHONEY, RICHARD C. NAME NAME 371 WOODLAKE LANE STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL** CHY SI-7F CHY S1 7IP HHE ☐ Delete THE Change Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIE CITY ST ZIP TITLE Delete ☐ Change □ Addition HILE NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST 7IP ШП ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-SI-ZIP 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 report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or bustee 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 of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of t

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