

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K03564

FILED  
Jan 12, 2004  
Secretary of State

Entity Name: A-1 DIRECT MAIL MARKETING, INC.

**Current Principal Place of Business:**

12601 SW 130 ST  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

12601 SW 130 ST  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 65-0020276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOURNE, WILLIAM  
9728 S.W. 146 PLACE  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

BOURNE, WILLIAM  
15348 SW 167 STREET  
MIAMI, FL 33187 US

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.

SIGNATURE:

01/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BOURNE, WILLIAM,  
Address: 12601 SW 130ST  
City-St-Zip: MIAMI, FL

Title: ST ( ) Delete  
Name: BOURNE, MARIA S  
Address: 12601 SW 130 ST  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA S. BOURNE

ST

01/12/2004

Electronic Signature of Signing Officer or Director

Date