

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K50896

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: TYG MARKETING, INC.

**Current Principal Place of Business:**

541 S STATE RD 7 STE 7  
MARGATE, FL 33068 US

**New Principal Place of Business:**

**Current Mailing Address:**

541 S STATE RD 7 STE 7  
MARGATE, FL 33068 US

**New Mailing Address:**

FEI Number: 65-0089109      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SMITH, PAULA M.  
541 S STATE RD 7 STE 7  
MARGATE, FL 33068 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDC ( ) Delete  
Name: SMITH, PAULA,  
Address: 541 S STATE RD 7 STE 7  
City-St-Zip: MARGATE, FL 33068

Title: SD ( ) Delete  
Name: SMITH, TIMOTHY P.,  
Address: 541 S STATE RD 7 STE 7  
City-St-Zip: MARGATE, FL 33068

Title: D ( ) Delete  
Name: HOCHBURG, EVELYN,  
Address: 2018 SW 29TH CT 6A2  
City-St-Zip: DELRAY BEACH, FL

Title: D ( ) Delete  
Name: GILBERT-ROSE, ELLEN,  
Address: 2101 N ANDREWS, STE 200  
City-St-Zip: FT. LAUDERDALE, FL

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

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

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

Title: D (X) Change ( ) Addition  
Name: RIVERO, GRISELYS,  
Address: 194 ARBOR LANE  
City-St-Zip: FRANKLIN, NC 28734 US

Title: D (X) Change ( ) Addition  
Name: RUBIN, WENDY J.,  
Address: 6401-A S.W. 116TH COURT  
City-St-Zip: MIAMI, FL 33173 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAULA M. SMITH

PDC

04/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date