2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000009733

1. Entity Name STOCKPROMOTERS.COM, INC.



Principal Place of Business

Mailing Address

1825 MAIN STREET SUITE 201 1825 MAIN STREET SUITE 201

WESTON, FL 33326

WESTON, FL 33326

FILED Mar 26,-2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03232004 No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0983362

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEW, JEFFREY MIAMI CENTER, 201 SOUTH BISCAYNE BOULEVARD SUITE 2600 WESTON, FL 33326

DO NOT WRITE IN THIS SPACE

SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent eignature required when resistating) DATE					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financin Trust Fund Contribution.	g 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAMBURELLO, CHARLES 1825 MAIN STREET WESTON, FL 33326				
TITLE MAME STREET ADDRESS CITY-ST-ZIP					H00000096780 03/26/04-80011-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS SITY-ST-ZP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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

12. I hereby certify that the information supplied with this filling 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 cath; 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: _

SONATURE AND TYPED OF PROTED NAME OF SONAND OFFICER OR DIRECTO

3/23/04/ 954-217-7577 Date Dayuma Phone #