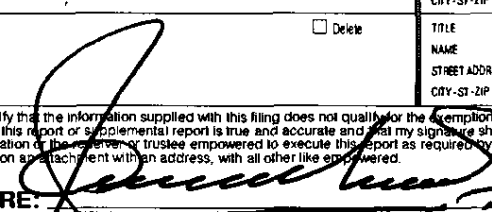


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91150 002 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000020125					
1. Entity Name ADVANCE MARKETING PLUS CORP.					
Principal Place of Business 10306 USA TODAY WAY MIRAMAR, FL 33025		Mailing Address 10306 USA TODAY WAY MIRAMAR, FL 33025			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0953328	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
5. Name and Address of Current Registered Agent CANO, AUGUSTO J 10306 USA TODAY WAY MIRAMAR, FL 33025				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when submitting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	CANO, AUGUSTO J	NAME			
STREET ADDRESS	10306 USA TODAY WAY	STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 33025	CITY-ST-ZIP			
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	SANCHEZ, FATIMA	NAME			
STREET ADDRESS	10306 USA TODAY WAY	STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR, FL 33025	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 registered agent 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:  DATE: April 30 / 2003					
NAME AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A. J. CANO					