2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058309

Title:

Name:

Address:

City-St-Zip:

Entity Name: ZIP CODE TARGET MARKETING, INC

() Delete

3471 N. FEDERAL HWY, #400

FORT LAUDERDALE, FL 33306

CROUCH, BRAD

FILED Mar 30, 2004 Secretary of State

Entity Name: ZIP CODE TARGET MARKETING, INC.					
Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
3471 N. FEDERAL HIGHWAY #400					
	RDALE, FL 3	3306			
Current Ma	ailing Addres	s:	New Mailing Address:		
3471 N. FEDERAL HIGHWAY #400					
FT. LAUDERDALE, FL. 33306					
FEI Number:	65-1016506	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CROUCH, JAY 1339 N. BISCAYNE POINT ROAD MIAMI BEACH, FL 33141 US			400	3471 N FÉDERAL HWY	
The above in the State		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	E:			03/30/2004	
	Electron	ic Signature of Registered Ag	ent	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CROUCH, JAY 3471 N. FEDER	Delete AL HWY, #400 DALE, FL 33306	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	REYNER, DALE 3471 N. FEDER		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SHELDON, ROE 3471 N. FEDER		Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRAD CROUCH D 03/30/2004

() Change () Addition