

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002065

FILED  
May 04, 2004  
Secretary of State

Entity Name: ADVANCED MARKET SERVICES, INC.

## Current Principal Place of Business:

16697 HEMINGWAY DRIVE  
WESTON, FL 33326

## New Principal Place of Business:

6191 ORANGE DRIVE  
SUITE 6179-0  
DAVIE, FL 33314

## Current Mailing Address:

16697 HEMINGWAY DRIVE  
WESTON, FL 33326

## New Mailing Address:

6191 ORANGE DRIVE  
SUITE 6179-0  
DAVIE, FL 33314

FEI Number: 65-1154864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERNANDEZ, JAIME  
16697 HEMINGWAY DRIVE  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

FERNANDEZ, JAIME  
6191 ORANGE DRIVE  
SUITE 6179-0  
DAVIE,, FL 33314 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: JAIME FERNANDEZ

05/04/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: FERNANDEZ, JAIME  
Address: 16697 HEMINGWAY DRIVE  
City-St-Zip: WESTON, FL 33326

Title: VSD (X) Delete  
Name: LEVINSON, VICTORIA H  
Address: 343 ALMERIA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD (X) Delete  
Name: FERNANDEZ, JAIME E  
Address: 343 ALMERIA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JAIME FERNANDEZ

PRES

05/04/2004

Electronic Signature of Signing Officer or Director

Date