

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000052678

1. Entity Name
BULLSEYE NMARKETING GROUP, INC.



Principal Place of Business

C/O MARK D COHEN, P.A., PRESIDENTIAL CIR
STE 435 SO. 4000 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021

Mailing Address

C/O MARK D COHEN, P.A., PRESIDENTIAL CIR
STE 435 SO. 4000 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3743159

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, MARK D P.A.
PRESIDENTIAL CIR STE 435 S
4000 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000742898
05/15/07-80087-013 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME GRABARNICK, HOPE
STREET ADDRESS PRESIDENTIAL CIR #435 S 4000 HOLLYWOOD BLV
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone x

4/27/07 (954) 962-1166