

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90015 017 ***150.00

DOCUMENT # P01000106703 1. Entity Name MARKETING LEAD SOURCE, INC.			
Principal Place of Business 5333 NW 109TH WAY CORAL SPRINGS, FL 33076		Mailing Address 5333 NW 109TH WAY CORAL SPRINGS, FL 33076	
2. Principal Place of Business 5333 NW 109th way Suite, Apt. #, etc.		3. Mailing Address 5333 NW 109th way Suite, Apt. #, etc.	
City & State CORAL SPRINGS, FL.		City & State CORAL SPRINGS FL.	
Zip 33076	Country	Zip 33076	Country
6. Name and Address of Current Registered Agent FAZIO, DANIEL 7305 W SAMPLE RD #203 POMPANO BEACH, FL 33065		7. Name and Address of New Registered Agent Name FAZIO, DANIEL Street Address (P.O. Box Number is Not Acceptable) 5333 NW 109th way City CORAL SPRINGS FL Zip Code 33076	
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: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '05	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAZIO, DANIEL 7305 W SAMPLE RD #203 POMPANO BEACH, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAZIO, DANIEL 5333 NW 109th way CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAZIO, LETECIA 7305 W SAMPLE RD #203 POMPANO BEACH, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAZIO, LETECIA 5333 NW 109th way CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 8/11/05 Daytime Phone # 954-341-7443	

50064303



08152005 Chg-P CR2E034 (10/03)

4. FEI Number **65-1157499** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required