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Secretary of State
04-30-2004 90274 005 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000114770

1. Entity Name
THE COMPANY OF ENTERTAINMENT MARKETING, INC.

94076746

Principal Place of Business	Mailing Address
14354 SW 169 ST. MIAMI, FL 33177	14354 SW 169 ST. MIAMI, FL 33177

04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1845244 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MENDEZ, EDWIN
143 54 SW 169 ST.
MIAMI, FL 33177

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, RENE
STREET ADDRESS	5770 SW 42ND ST.
CITY-ST-ZIP	SOUTH MIAMI, FL 33155
TITLE	D
NAME	CUEVAS, ALBERTO
STREET ADDRESS	1799 NW 107 DR.
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	D
NAME	MACHADO, OSVALDO
STREET ADDRESS	6323 SW 127 PL.
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	D
NAME	MENDEZ, EDWIN
STREET ADDRESS	9405 NW 41 ST.
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	SAUNAS, ALEXIS
STREET ADDRESS	9725 SW 155 CT.
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4-26-04 786-218-3347
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #