2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114770

Title:

Name:

Address:

City-St-Zip:

Entity Name: THE COMPANY OF ENTERTAINMENT MARKETING, INC.

FILED Apr 25, 2005 Secretary of State

Littly Nan	ie. THE COM	-ANT OF ENTERTAINMENT	WARRETING, INC.		
Current Pr	incipal Place o	of Business:	New Principal Place o	New Principal Place of Business:	
14354 SW MIAMI, FL					
Current Ma	ailing Address	:	New Mailing Address:	New Mailing Address:	
14354 SW MIAMI, FL					
FEI Number:	14-1845244	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
MENDEZ, E 143 54 SW MIAMI, FL	169 ST.		MENDEZ, EDWIN 14354 SW 169 ST. MIAMI, FL 33177 US	3	
The above in the State		bmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/25/2005	
	Electronic	Signature of Registered Age	nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () E RODRIGUEZ, RE 5770 SW 42ND S SOUTH MIAMI, F	ST.	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D () CUEVAS, ALBER 1799 NW 107 DF CORAL SPRINGS	. .	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () E MACHADO, OSV/ 6323 SW 127 PL MIAMI, FL 33183		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D () E MENDEZ, EDWIN 9405 NW 41 ST. MIAMI, FL 33178		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: EDWIN MENDEZ D 04/25/2005

() Delete

SAUNAS, ALEXIS

9725 SW 155 CT.

MIAMI, FL 33196

(X) Change () Addition

SALINAS, ALEXIS

9725 SW 155 CT.

MIAMI, FL 33196