2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT (AR)					<sub>-</sub> FILED	
DOCUMENT # P01000121422					Feb 07, 2004 08:00 AM Secretary of State	
PROMOTIONS R US, INC.					Secretary of State	
Principal Place	e of Business	Mailing Address			1	
1638 N.E. 148TH STREET MIAMI FL 33181		1638 NE 148TH ST NORTH MIAMI FL 33181				
6 5	1	10.00				
Principal Place of Business     Suite. Apt. #, etc		3. Mailing Address  Suite, Apt #, etc				
00,10111,017					MOORE CR2E034 (11/03)	
City & State		City & State			4. FEI Number 26-0002150 Applied For Not Applica	
Zip Country		Zip Country		/	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agen					7. Name and Address of New Registered Agent	
BOE	TED DATRICIA			Name		
203	RTER, PATRICIA 15 N.E. 10TH COURT MI FL 33179	·		Street Address (	P.O. Box Number is Not Acceptable)	
			-	City	<b>₽</b> Zip Code	
					F.L.   '	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	s registered	office or register	red agent, or both, in the State of Florida. I am familiar with, and acce	ept
SIGNATURE.	Signature, typed or printed name of registered agent	and the dampleants (BITT)	TE Dozenned &	igent signature required	d when reinstating) DATE	=
y		and the Kappinable. (401	. negistered A	deur ziðusmið Lednuag	d when reinstating) DATE .	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 c Payable to Florida Department o	f State			9. Election Campalgn Financing \$5.00 May B Trust Fund Contribution.  Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDS	☐ Delete	TITLE		☐ Change ☐ Addi	ition
NAME STREET ADDRESS	PORTER, PATRICIA 20315 N.E. 10TH COURT		NAME STREET.	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33179	•	CITY-S1			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addi	ition
NAME STREET ADDRESS			NAME	ADDRESS	U <b>0</b> 00000402 <del>88</del>	
CITY-ST-ZIP			CITY-SI	1	02/09/04-80042-008 150.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addi	ition
NAME STREET ADDRESS			NAME	1000ren		
CITY+ST-ZIP			CITY-ST	ADDRESS T-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addi	ition
NAME			NAME			
STREET AODRESS CITY-ST-ZIP			CITY-SI	ADDRESS   T-7IP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addi	ition
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET CITY-SI	ADDRESS		
TITLE		☐ Delete	TITLE	1-21	☐ Change ☐ Addi	ition
NAME		CI Sciete	NAME	j	E Orange E Audi	non
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP	portify that the information are "" of the	this filling days are set and fill	CITY-ST	<del> </del>	140 07(0)(i) Florida Control II de Control I	
of the cor	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	owered to execute this report	t as required	ption stated in Se re shall have the : d by Chapter 607	ection 119.07(3)(i), Florida Statutes. I further certify that the informatio same legal effect as if made under oath; that I am an officer or direct 7, Florida Statutes, and that my name appears in Block 10 or Block 1	n or 1 if
CICNIAT	UDE. Hat	- t-			2-2-24	_
SIGNAT	UNE:				<del>2</del> <del>2</del> <del>2</del> <del>1</del>	_