

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P02000032400

1. Entity Name
DMR CREATIVE MARKETING, INC



Principal Place of Business

**6601 LYONS RD
C-3
COCONUT CREEK, FL 33073**

Mailing Address

**6601 LYONS RD
C-3
COCONUT CREEK, FL 33073**



02282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3636452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WEINMAN, BRIAN
8313 GENOVA WAY
LAKE WORTH, FL 33467**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

1000000361585
04/03/08-00015-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEINMAN, BRIAN
STREET ADDRESS	8313 GENOVA WAY
CITY-ST-ZIP	LAKE WORTH, FL 33467

TITLE	V
NAME	BEE, JEFFREY W
STREET ADDRESS	99 SE MIZNER BLVD PH
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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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 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 #