2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 07, 2004 8:00 am Secretary of State **DOCUMENT # P02000121847** 04-07-2004 90036 041 ***150.00 MARKETING ASSOCIATES INC. Principal Place of Business Mailing Address 54027410 9506 SO. RED ROAD 9506 SO. RED ROAD MIAMI, FL 33156 MIAMI, FL 33156 CR2E034 (10/03) 02112004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1865106 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OESTERLE, DOUGLAS W DO-NOT-WRITE 9506 SO. RED ROAD MIAMI, FL 33156 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 \$5.00 May Be ection Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE D **OESTERLE, DOUGLAS W** 9506 SO. RED ROAD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN-THIS-SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 the reportes required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED