2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State 05-03-2005 90121 033 ***150.00

DOCUMENT # P03000009832 1. Entity Name R.O.I. MARKETING SPECIALISTS, INC.											JOS J O12	1 033 *** 1.	30.00
Principal Place of Business 4401 ALHAMBRA CIRCLE CORAL GABLES, FL 33146				Mailing Address 4401 ALHAMBRA CIRCLE CORAL GABLES, FL 33146				4	UU				
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.					04222005	Chg-P	CR	2E034 (10/03))
City & State				City & State					4. FEI Numb			⊢	pplied For lot Applicable
Zip		Country		Zìp Coun			try			of Status Desi		\$8.75 Ac Fee Requir	
6: Name and Address of Current Registered Agent							- Name		7. Name and	Address of N	ew Registo	red Agent	<u>-</u>
STATON, JENNY 2002 S.W. 6TH COURT							Street Address (P.O. Box Number is Not Acceptable)						
BOCA RATON, FL 33486													,
	_						City					FL Zip Co	de
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 Signature. Speaker agent registered agent and life if applicable (NDTE: Registered Agent signature required when reinstating) DATE													
After Ma	E NOW!! ay 1, 200		be \$550.0	0	Election Campa Trust Fund Cont		ncing		00 May Be ed to Fees				·
10.	-	OF	FICERS AND [DIRECTORS		11.			ADDITIONS	CHANGES TO	OFFICERS	AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4401 ALH	A, COREY IAMBRA CII IABLES, FL	RCLE		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS City-St-Zip		JENNY '. 6TH COUI			☐ Delete		- 1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete			•			<u></u>	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					□ Delete		I					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete		I					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete		I					☐ Change	☐ Addition
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 attagment with an address, with all other like empowered.													r or director