2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2005 8:00 am Secretary of State

DOCUMENT # P03000044732 1. Entity Name USA PROMOTIONAL & MARKETING, INC.			03-10-2005 90135 009 ***150.00					
Principal Place of Business C/O MARC H. AUERBACH, ESQ. 201 S. BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131	Mailing Address C/O MARC H. AUERBACH, ESQ. 201 S. BISCAYNE BLVD., SUITE 2000 MIAMI, FL 33131		[1111 1111 1111 1111 1111 1111 1111	In eeni einin enda inaen inie i	11 10 11 11 11 11 11 11		
2. Principal Place of Business	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt, #, etc.		01192005	Chg-P	CR2E034 (10/03)			
City & State	City & State		4. FEI Number 30-0170		. —	pplied For ot Applicable		
Zip Country	Zip	Сочп	try	5. Certificate o	of Status Desired	S8.75 Ad Fee Require		
6. Name and Address of Currer	il Registered Agent —	_		7Name and	Address of New F	legistered Agent		
	Name							
AUERBACH, MARC H ESQ. 201 S. BISCAYNE BLVD. SVITE 2000			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI EL 22121					_			
WIMMI, F.E. 33131 5 5 5 5 5 5 5 5 5			City	FL Zip Code				
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE On the property of the prope								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10. OFFICERS AN	D DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
TITLE PD 1	☐ Delete	THILE				☐ Change	☐ Addition	
NAME HANLEY, RICHARD T	•		- J					
STREET ADDRESS 1052 S.W. 17TH STREET CITY-SI-ZIP BOCA RATON, FL. 33486			ET ADDRESS - ST - ZIP					
TITLE TD 03480	Delete	TITLE				☐ Change	Addition	
NAME T	N2 Position	NAM				پوستان ک		
STREET ADDRESS	•		ET ADDRESS					
CITY-ST-ZIP T		CITY	-ST-ZIP					
TILE - SD	- Delete	a : TITLS		- ' ' .	ـ - ـــ	Change	Addition	
NAME SHEA, RICHARD P STREET ADDRESS 1813 N.W. 15TH LANE		NAM Stré	ET ADDRESS					
CITY-ST-ZIP PEMBROKE PINES, FL 33029	/		-ST-ZIP					
TITLE VD &	Delete	TITLE		···		☐ Change	Addition	
NAME	• /\	NAM	E				_	
STREET ADDRESS 7			ET ADDRESS					
CITY-ST-ZIP :		CITY	-ST-ZIP					
TITLE	☐ Delete	TITLE	I			Change	☐ Addition	
NAME STREET ADDRESS	•	NAM	ET ADDRESS					
CITY-ST-ZIP			-ST-ZIP					
TITLE	☐ Delete	TITLE				☐ Change	Addition	
NAME	. Velete	NAMI	1			☐ orenge	- 100mol	
STREET ADDRESS			ET ADDRESS					
CITY-ST-ZIP	·	<u> </u>	-ST-ZIP			·		
12. I hereby certify that the information supplied wi	th this filing does not qualify fe	riba ava	mntion stated in Sc	oction 119 07/3V/i	Florida Statutos	I further codify that the	intermetion	

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 Statutos. I further certify that the information indicated on this report or supplemental report is true and accurate and final my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee and secure 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 attachmost with an oddress, with all other like impowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

124/05 954-366-013