


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000049850 1. Entity Name U & L MARKETING & ACCOUNTING SERVICES, INC.	
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Principal Place of Business 10190 E BAY HARBOUR DR STE F8 MIAMI BEACH, FL 33154	Mailing Address 10190 E BAY HARBOUR DR STE F8 MIAMI BEACH, FL 33154
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03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1599978	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

URBINA ARANGUREN, GONZALO E
10190 EAST BAY HARBOR
DR STE F8
MIAMI BEACH, FL 33154

**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 _____
Signature typed or printed name of registered agent and title if applicable (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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URBINA ARANGUREN, GONZALO E 10190 E BAY HARBOR DR STE F8 MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOZANO HERNANDEZ, PEDRO JAVIER 10190 E BAY HARBOR DR STE F8 MIAMI BEACH, FL 33154
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04/01/08-80009-012 150.00

**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

07 MAR 2008

786 4443264

Date

Daytime Phone #