


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90352 032 ***150.00

DOCUMENT # P03000105929		
1. Entity Name NEW ERA MARKETING, CORP		

Principal Place of Business 3900 NW 79 AVE. SUITE 585 MIAMI, FL 33166	Mailing Address 3900 NW 79TH AVE SUITE 585 MIAMI, FL 33166
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2. Principal Place of Business 4640 NW 93 Doral Ct.	3. Mailing Address 4640 NW 93 Doral Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FL	City & State Miami FL
Zip 33178	Zip 33178
Country US	Country US

6. Name and Address of Current Registered Agent EZ4U SERVICES CORP. 3900 NW 79TH AVE SUITE 585 MIAMI, FL 33166	
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20049313

04232005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1204981

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent Name Ana Maria del Pilar Tobon Street Address (P.O. Box Number is Not Acceptable) 4640 NW 93 Doral Ct. City Miami FL Zip Code 33178	
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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: Ana Maria del Pilar Tobon 4/14/05
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May 6- Added to Fees
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10. OFFICERS AND DIRECTORS		11. OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EZ4U SERVICES CORP. 3900 NW 79TH AVE. SUITE 585 MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ana Maria del Pilar Tobon 4640 NW 93 Doral Ct. Doral, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Andres Giraldo 4640 NW 93 Doral Ct. Doral, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Daniel Torres 4640 NW 93 Doral Ct. Miami FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pilar Giraldo Carrera 52 #76-166 Apt. 901 Barranquilla, Colombia. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.

SIGNATURE: Ana Maria del Pilar Tobon 4/14/05 3059062313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #