

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000109055

1. Entity Name  
ADVANTAGE CASH FLOW MARKETING, INC.



Principal Place of Business  
6555 N POWERLINE RD STE 214  
FT LAUDERDALE, FL 33309

Mailing Address  
6555 N POWERLINE RD STE 214  
FT LAUDERDALE, FL 33309

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90044 028 \*\*\*150.00



03202005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**56-2399537**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

FRIEDLE, JUSTIN M  
8670 SUNSET STRIP  
SUNRISE, FL 33322

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FRIEDLE, JUSTIN M
STREET ADDRESS	8670 SUNET STRIP
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	D
NAME	FRIEDLE, SANDRA B
STREET ADDRESS	8670 SUNET STRIP
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	D
NAME	FRANCOIS, LYSEE JEAN
STREET ADDRESS	5137 ARBOR GLEN CIR
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	D
NAME	GOODWIN, MARCELLA C
STREET ADDRESS	5137 ARBOR GLEN CIR
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05

Date

Daytime Phone #