2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113020

Title:

Name:

Address:

City-St-Zip:

DVS

(X) Delete

SCHWARTZ, HARRIETTE

3700 ISLAND BLVD. C401

AVENTURA, FL 33160

Entity Name: DOUBLE M MARKETING INC

FILED Jan 09, 2009 Secretary of State

Entity Nar	ne: DOUBLE	M MARKETING INC.					
Current Principal Place of Business:				New Principal Place of Business:			
2673 CYPRESS LANE				3700 ISLAND BOULEVARD			
WESTON,	FL 33332			C401 AVENTUR	A, FL 33160)	
Current Mailing Address:				New Mailing Address:			
2673 CYPRESS LANE WESTON, FL 33332				3700 ISLAND BOULEVARD			
				C401 AVENTURA, FL 33160			
FEI Number:	20-0329906	FEI Number Applied For ()	FEI Nun	nber Not App	licable ()	Certificate of Status Desire	ed ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
OSTROFF 11900 BISC MIAMI, FL	ĆAYNE BLVD.	, STE. 720					
The above in the State	named entity : e of Florida.	submits this statement for the	purpose o	f changing i	its registered	l office or registered agent,	or both,
SIGNATUF							
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title:	, ,	Delete		Title:		(X) Change () Addition	
Name: Address:	SCHWARTZ, JI 2673 CYPRES			Name: Address:	SCHWARTZ,	JERRY D BOULEVARD, C401	
City-St-Zip:	WESTON, FL			City-St-Zip:	AVENTURA,		
Title:	Р ()) Delete		Title:	Р	(X) Change () Addition	
Name:	SCHWARTZ, H			Name:	SCHWARTZ,		
Address: City-St-Zip:	2673 CYPRES: WESTON, FL			Address: City-St-Zip:	3700 ISLAND AVENTURA,) BOULEVARD, C401 FL 33160	
Oity Ot Zip.		50002			7.0 E111 O10 1,	12 00100	
Title:	,) Delete		Title:		() Change () Addition	
Name:	SCHWARTZ, JI			Name: Address:			
Address: City-St-Zip:	3700 ISLAND E AVENTURA, FL			City-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JERRY SCHWARTZ DVS 01/09/2009

() Change () Addition