2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90305 039 ***150.00

DOCUMENT # P03000131588

1. Entity Name

A.I.P. MARKETING & CONSULTING, INC.

50042512

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
741 S.E. 4TH PLACE HIALEAH FL 33010 US	PO BOX 227056 MIAMI FL 33122 US

2. Principal Place of Business	3. Mailing Address
1723 SW 131 Place Circ. S.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33175 Country: USA	Zip Country

4. FEI Number 05-0591081 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

IZQUIERDO, ALEJANDRO E
741 S.E. 4TH PLACE
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name: IZQUIERDO, ALEJANDRO E.
Street Address (P.O. Box Number is Not Acceptable): 1723 SW 131 PLACE CIRC. S.
City: Miami **FL** Zip Code: 33175

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: _____ ALEJANDRO E. IZQUIERDO, PRES. 4/15/05
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P IZQUIERDO, ALEJANDRO E 741 S.E. 4TH PLACE HIALEAH FL 33010	☐ Delete	SAME 1723 SW 131 PLACE CIRCLE S. MIAMI FL 33175	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP IZQUIERDO, ALEJANDRO E 741 S.E. 4TH PLACE HIALEAH FL 33010	☐ Delete	SAME 1723 SW 131 PLACE CIRCLE S. MIAMI FL 33175	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____ ALEJANDRO E. IZQUIERDO, PRES. 4/15/05 (305) 223-5775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #