FILED
May 13, 2004 8:00 am
Secretary of State
04-19-2004 90281 003 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000153852

1. Entity Name
ARISTOCRAT MARKETING & CONSULTING, INC.

00961919

[redacted]

01172004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
6001 PALM TRACE LANDING DR #311 DAVIE, FL 33314 US	6001 PALM TRACE LANDING DR #311 DAVIE, FL 33314

2. Principal Place of Business	3. Mailing Address
2272 NW 76TH Terrace	2272 NW 76TH Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33024 Country: USA	Zip: 33024 Country: USA

4. FEI Number: 20-0488894 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SIMKO, MARTHA
6001 PALM TRACE LANDING DR
#311
DAVIE, FL 33314

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 2272 NW 76TH Terrace
City: Pembroke Pines FL Zip Code: 33024

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: Martha Simko President 3/22/04
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, 2004 Fee will be $550.00

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	VP/D	☐ Delete	TITLE	Pres. / Director / Secretary	☒ Change ☐ Addition
NAME	SIMKO, MARTHA		NAME	Simko Martha	
STREET ADDRESS	6001 PALM TRACE LANDING DR, #311		STREET ADDRESS	2272 NW 76TH Terrace	
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	P	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	EDWARD, SIMKO		NAME		
STREET ADDRESS	6001 PALM TRACE LANDING DR, #311		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Martha Simko Pres. 3-22-04 954 229-0814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #