

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123090

Entity Name: PROMISE PUBLISHING INC.

FILED
Sep 24, 2008
Secretary of State

Current Principal Place of Business:

16469 NE 26 PLACE
NORTH MIAMI BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

16469 NE 26 PLACE
NORTH MIAMI BEACH, FL 33160 US

New Mailing Address:

FEI Number: 20-1668283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRAZ-ASSOR, ETTY
PROMISE PUBLISHING, INC.
16469 NE 26TH PLACE
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

SHIRAZ, ETTY
PROMISE PUBLISHING, INC.
16469 NE 26TH PLACE
NORTH MIAMI BEACH, FL 33160 US

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.

SIGNATURE: ETTY SHIRAZ

09/24/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SHIRAZ-ASSOR, ETTY
Address: 16469 NE 26 PLACE
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: VTD (X) Delete
Name: ASSOR, GABRIEL
Address: 16469 NE 26 PLACE
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: SHIRAZ, ETTY
Address: 16469 NE 26 PLACE
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: ETTY SHIRAZ

PSD

09/24/2008

Electronic Signature of Signing Officer or Director

Date