

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90018 004 \*\*\*150.00

<b>DOCUMENT # P05000009464</b> 1. Entity Name <b>J. T. L. MARKETING SOLUTION INC.</b>					
Principal Place of Business <b>728 SE PARK DRIVE HIALEAH, FL 33010</b>			Mailing Address <b>728 SE PARK DRIVE HIALEAH, FL 33010</b>		
2. Principal Place of Business <b>419 W. 49 ST.</b>		3. Mailing Address Suite, Apt. #, etc. <b># 216</b>			
City & State <b>Hialeah, FL.</b>		City & State <b>Hialeah, FL.</b>		4. FEI Number <b>59-3794671</b>	
Zip <b>33012</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DEL MAZO, JOSE 728 SE PARK DRIVE HIALEAH, FL 33010</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DEL MAZO, JOSE</b> <input type="checkbox"/> Delete <b>728 SE PARK DRIVE</b> <b>HIALEAH, FL 33010</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Martinez, Antonio E.</b> <b>12787 SW. 23 ST.</b> <b>Miramar, FL 33027</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>MARTINEZ, ANTONIO E.</b> <b>930 SW 113 TERRACE</b> <b>PEMBROKE PINES, FL 33025</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DELMAZO, Lina</b> <b>728 SE Park Drive</b> <b>Hialeah, FL 33010</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Jose del Mazo</i> <b>JOSE DEL MAZO</b>			Date <b>3/21/06</b> Daytime Phone # <b>(305) 338-0534</b>		