

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90404 039 ***150.00

DOCUMENT # P05000078244

1. Entity Name
SOUTHEAST FLORIDA MARKETING INC



Principal Place of Business
**17233 SW 144TH COURT
MIAMI, FL 33177 US**

Mailing Address
**17233 SW 144TH COURT
MIAMI, FL 33177 US**

40070000

2. Principal Place of Business

17233 SW 144CT

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242006

Chg-P

CR2E034 (11/05)

City & State

MIAMI FL

City & State

SAME

4. FEI Number

202944704

Applied For

☒ Not Applicable

Zip

33177

Country

USA

Zip

33177

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOZADA, MARIA
17233 SW 144TH COURT
MIAMI, FL 33177**

7. Name and Address of New Registered Agent

Name

Street Address (P O. Box Number is Not Acceptable)

City

FL

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LOZADA, MARIA**
STREET ADDRESS **17233 SW 144TH COURT**
CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **VP** ☐ Delete
NAME **FACIO, MARIA**
STREET ADDRESS **17233 SW 144TH COURT**
CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **VP** ☒ Delete
NAME **FACIO, LEONEL**
STREET ADDRESS **17233 SW 144TH COURT**
CITY-ST-ZIP **MIAMI, FL 33177**

TITLE ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

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STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

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 use empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06