

2007 FOR PROFIT CORPORATION ANNUAL REPORT


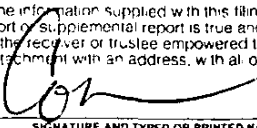
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Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90835 034 ***150.00

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04242007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000117415					
1. Entity Name CORINA BITON PUBLIC RELATIONS & MARKETING INC.					
Principal Place of Business 5700 COLLINS AVE #8J MIAMI BEACH, FL 33140			Mailing Address 5700 COLLINS AVE #8J MIAMI BEACH, FL 33140		
2. Principal Place of Business No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3306603	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BITON, CORINA 5700 COLLINS AVE #8J MIAMI BEACH, FL 33140			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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when running)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007: Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 BITON, CORINA 5700 COLLINS AVE #8J MIAMI BEACH, FL 33140 <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	
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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 the empowered					
SIGNATURE: 			4-27-07 305- 720-6101		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					