

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-13-2008 90018 021 ***150.00

DOCUMENT # P05000117415 1. Entity Name CORINA BITON PUBLIC RELATIONS & MARKETING INC.																											
<table style="width: 100%;"> <tr> <td style="width: 50%;">Principal Place of Business 5700 COLLINS AVE #8J MIAMI BEACH, FL 33140</td> <td style="width: 50%;">Mailing Address 5700 COLLINS AVE #8J MIAMI BEACH, FL 33140</td> </tr> </table>			Principal Place of Business 5700 COLLINS AVE #8J MIAMI BEACH, FL 33140	Mailing Address 5700 COLLINS AVE #8J MIAMI BEACH, FL 33140																							
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4. FEI Number 20-3306803																											
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent BITON, CORINA 5700 COLLINS AVE #8J MIAMI BEACH, FL 33140																											
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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 except the obligations of registered agent. SIGNATURE: <u><i>[Signature]</i></u> president <u>5/24/08</u> (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE																											
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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 to this address, with all other like empowered. SIGNATURE: <u><i>[Signature]</i></u> 6-LR <u>80-720-650</u> (SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR Date Daytime Phone #)																											