

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132102

FILED
Mar 14, 2006
Secretary of State

Entity Name: RESORT ADVERTISING AND MARKETING CORP

Current Principal Place of Business:

101 N RIVERSIDE DR
#116
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

101 N RIVERSIDE DR
#116
POMPANO BEACH, FL 33062 US

New Mailing Address:

FEI Number: 16-1735299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMSTEAD, PHAEDRA
101 N RIVERSIDE DR
#116
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ALMSTEAD, PHAEDRA
Address: 101 N RIVERSIDE DR #116
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: VP () Delete
Name: MANCINI, GERARDO
Address: 101 N RIVERSIDE DR #116
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: CEO () Delete
Name: MARCELIN, ARTURO
Address: 101 N RIVERSIDE DR #116
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: CFO () Delete
Name: ARROYO, ORLANDO
Address: 101 N RIVERSIDE DR #116
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPF () Change (X) Addition
Name: WATSON, JOHN V
Address: 101 N RIVERSIDE DR #116
City-St-Zip: POMPANO BEACH, FL 33062 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PHAEDRA ALMSTEAD

PRES

03/14/2006

Electronic Signature of Signing Officer or Director

_____ Date