

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000163524

1. Entity Name

S&A INTERNET MARKETING, INC.



Principal Place of Business

**6401 SW 7TH STREET
MARGATE, FL 33068 US**

Mailing Address

**6401 SW 7TH STREET
MARGATE, FL 33068 US**



08242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3941713	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

**SCHLUSSLER, SHARON L
6401 SW 7TH STREET
MARGATE, FL 33068**

**DO NOT WRITE
IN THIS SPACE**

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 registering)

8/24/07

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

**UN00000773860
09/13/07-800002-018 550.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SCHLUSSLER, SHARON L 6401 SW 7TH STREET MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOBRAL, ARNOLD J 6401 SW 7TH STREET MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SCHLUSSLER, SHARON L 6401 SW 7TH STREET MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SCHLUSSLER, SHARON L 6401 SW 7TH STREET MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SCHLUSSLER, SHARON L 6401 SW 7TH STREET MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SOBRAL, ARNOLD J 6401 SW 7TH STREET MARGATE, FL 33068

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

[Signature] - **Arnold Sobral**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/24/07 - (954)-933-2124