

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90021 040 ***150.00

DOCUMENT # P06000084353

1. Entity Name

MARKETING MAVENS INCORPORATED



Principal Place of Business

2860 STATE RD. 84
SUITE 116 #130
FORT LAUDERDALE FL 33312
US

Mailing Address

2860 STATE RD. 84
SUITE 116 #130
FORT LAUDERDALE FL 33312
US



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

20-5086598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

MORELLA, LINDA
1494 SW 32 COURT
FORT LAUDERDALE FL 33315

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

(NOTE: Registered Agent signature required when returning)

(DATE)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007, Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
MORELLA, LINDA
1494 SW 32 COURT
FORT LAUDERDALE FL 33315 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
CONRAD, RICHARD FRANK
1494 SW 32 COURT
FORT LAUDERDALE FL 33315 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Linda Morella - LINDA MORELLA

6/10/07 (954) 527-0448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
40120811

June 10, 2007

Florida Dept of State
Division of Corporations
Annual Report Section
PO Box 6850
Tallahassee, FL 32314

Re: Document P06000084353, Annual Report

To whom it may concern:

I am enclosing my Annual Report for Marketing Mavens and my check for \$150. I am also enclosing a copy of the envelope I received it in on 6/10/07. I don't know when this was mailed out or where it has been, but for this reason, I am enclosing the check in the amount of \$150.

Should you have any problem with this, you may call me at (954) 527-0448.

Very truly yours,

Marketing Mavens, Inc



Linda Morella
President
enc

ATTACHMENT

40120811

P06000084353

FIRST-CLASS MAIL
U.S. POSTAGE PAID
Florida Secretary of State
Division of Corporations
#4321

return to
sender

need a better
address per 6/10/07

641 NO 1 806 I 00 02/25/07
NOTIFY SENDER OF NEW ADDRESS
MARKETING MAVENS INC STE 115
2860 W STATE ROAD
FT LAUDERDALE FL 33312-4810

BCT 33312481041 **2389-03349-25-13

3331204810



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
Corporate Records
Post Office Box 8700
Tallahassee, Florida 32314

NAME
STREET ADDRESS
CITY - ST - ZIP

NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as required if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

3331204810