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2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90044 027 ***150.00

DOCUMENT # P06000103074

1. Entity Name
MAVEN MARKETING, INC.

Principal Place of Business	Mailing Address
6555 NW 9TH AVE SUITE 201 FORT LAUDERDALE FL 33309 US	6555 NW 9TH AVE SUITE 201 FORT LAUDERDALE FL 33309 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4051 SW 47th Ave #101	4051 SW 47th Ave
Suite, Apt. #, etc.: 101	Suite, Apt. #, etc.: #101
City & State: Davie FL	City & State: Davie FL
Zip: 33314 Country:	Zip: 33314 Country:

4. FEI Number: 20-5346047 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAN, STEPHANIE
6555 NW 9TH AVE
SUITE 201
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: Stephanie Chan
Street Address (P.O. Box Number is Not Acceptable): 4051 SW 47th Ave
#101
City: DAVIE FL Zip Code: 33314

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: Stephanie Chan
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHAN, STEPHANIE 6555 NW 9TH AVE SUITE 201 FORT LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Stephanie Chan Pres. 4051 SW 47th Ave #101 Davie Fl 33314	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / 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: Stephanie Chan 5-1-07 954 587 1614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #