

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000113797

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: ULTIMATE CONCEPTS MARKETING, INC.

## Current Principal Place of Business:

1666 JOHN F KENNEDY CSWY  
SUITE 608  
NORTH BAY VILLAGE, FL 33141

## New Principal Place of Business:

1666 JOHN F KENNEDY CSWY  
SUITE 608  
NORTH BAY VILLAGE, FL 33141 US

## Current Mailing Address:

5601 COLLINS AVE.  
SUITE PH6  
MIAMI BEACH, FL 33140

## New Mailing Address:

5601 COLLINS AVE  
PH 6  
MIAMI BEACH, FL 33140 US

FEI Number: 20-5477594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVY, ANA  
5601 COLLINS AVE.  
SUITE PH6  
MIAMI BEACH, FL 33140 US

## Name and Address of New Registered Agent:

ARCURI, GABRIEL I  
5601 COLLINS AVE  
PH 6  
MIAMI BEACH, FL 33140 US

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: GABRIEL I ARCURI

01/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D, P ( ) Delete  
Name: LEVY, ANA  
Address: 5601 COLLINS AVE., STE PH6  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP ( ) Delete  
Name: GUTIERREZ, RODOLFO  
Address: 5601 COLLINS AVE., STE. PH6  
City-St-Zip: MIAMI BEACH, FL 33140

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change ( ) Addition  
Name: ARCURI, GABRIEL I  
Address: 5601 COLLINS AVE PH 6  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: D, VP (X) Change ( ) Addition  
Name: LEVY, ANA  
Address: 6365 COLLINS AVE APT 4202  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: D, S ( ) Change (X) Addition  
Name: GUTIERREZ ZORRILLA, RODOLFO F  
Address: 6365 COLLINS AVE APT 4202  
City-St-Zip: MIAMI BEACH, FL 33141 US

I hereby certify that the information supplied with this filing does not qualify 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: GABRIEL I ARCURI

D, P

01/09/2008

Electronic Signature of Signing Officer or Director

Date