

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000113797

FILED
Apr 15, 2009
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 US

Current 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:

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

New Principal Place of Business:

1666 JOHN F KENNEDY CSWY
SUITE 604
NORTH BAY VILLAGE, FL 33141 US

New Mailing Address:

1666 JOHN F KENNEDY CSWY
SUITE 604
NORTH BAY VILLAGE, FL 33141 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: D,P () Delete
Name: ARCURI, GABRIEL I
Address: 5601 COLLINS AVE PH 6
City-St-Zip: MIAMI BEACH, FL 33140 US

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

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

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:

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 ARCURI

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date