## 2008 FOR PROFIT CORPORATION

SIGNATURE:

## Mar 26, 2008 8:00 am Secretary of State ANNUAL REPORT 3/5 DOCUMENT # P07000037054 1. Entity Name 03-05-2008 90022 043 \*\*\*150 00 FIRST CHOICE MARKETING SOLUTIONS, INC. Principal Place of Business Mailing Address 19646 BISCAYNE BAY DRIVE 19646 BISCAYNE BAY DRIVE PP014210 BOCA RATON, FL 33498 BOCA RATON, FL 33498 rincipal Place of Business - Ng P.O. Box # 02012008 CR2E034 (12/06) Applied For 4. FEI Number 20-8714316 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELUCA, BRUCE Street Address (P.O. Box Number is Not Acceptable) 19646 BISCAYNE BAY DRIVE BOCA RATON, FL 33498 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 DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition DELUCA, BRUCE NAME MALE 690 Jamato Rd, Suite Bora Rator FC 334 STREET ADDRESS 19646 BISCAYNE BAY DRIVE STREET ADDRESS BOCA RATON, FL 33498 CITY-ST-70P CITY ST-71P Delete TITLE Addition TITLE DELUCA, GENNARO NAME NAME 19646 BISCAYNE BAY DRIVE STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33498 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ITTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 and accurate and that my signature shall have the same legal effect as if made under oath; that I ar of execute this report as required by Chapter 607, Florida Statutes, and that my name appears in It other like empowered. of the corporation or the receiver or truste changed, or on an attachment with an ad

**FILED** 

Daytime Phone #