2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2008 8:00 am Secretary of State 04-17-2008 90031 036 ***150.00

DOCUMENT # P07000088596 1. Entity Name TIME SERVICES AND MARKETING, INC.				04-17-2008 90031 036 ***150.00		
TIME SE	VICES AND WARRETING	3, INC.				
Principal Plac	e of Business	Mailing Address		40070333		
10100 SW 5		10100 SW 59 AV.	_			
MIAMI, FL 3:	3156 US	MIAMI, FL 33156 US	5			
			٠,	- I TERRETER IN GOIN TORK REAL ERIN ERIN ERIN ERIN ERIN ERIN ERIN ERIN		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address (0100 5 w 59)			9 AV			
Suite, Apt. #, etc. Suite, Apt. #, etc.			03202008 Chg-P CR2E034 (12/0	6)		
City & State	ÅL, FL	MIAMI, F	-L	4. FEI Number 0655455	Applied For Not Applicable	
3316	6 Country U. S. A	^{Zip} 33156	Country U.S. A	5. Certificate of Status Desired See Required Fee Requirements	Additional	
9 91 0	6. Name and Address of Currer		- J. H	7. Name and Address of New Registered Agent	Jirea	
	V. Hame and Address of Carrer		Name			
AZAR, KAI	AZAR, KAMEL J			NAME SAME		
10100 SW 59 AV. MIAMI, FL 33156			Street Address (P.O. Box Number is Not Acceptable)			
MIMINI, FL	33130					
			City	FL Zip C	Code	
	named entity submits this statement ions of registered agent.	for the purpose of changing its r	egistered office or regis	tered agent, or both, in the State of Florida. I am familiar w	ith, and accept	
•	42600 H	8)		م ا س ا ه	8	
SIGNATURE	Signature, typed or, printed rish eroll registered ago	mi and atte if applicable (NOTE	Registered Agent aignature requi			
	(, , , , , , , , , , , , , , , , , , ,					
FiL	E NOW!!! FEE IS \$150.00	9. Election Campaig		5.00 May Be	•	
After M	ay 1, 2008 Fee will be \$550	7.00 Trust Fund Contri	ibution. \square Å	dded to Fees		
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 11	
HILE	Р	🔲 (Felete	THLE	☐ Chan	ge 🔲 Addition	
NAME.	AZAR, KAMEL J		NAME			
STREET ADDRESS CITY-ST-ZIP	10100 SW 59 AV. MIAMI, FL 33156	,	STREET ADDRESS CITY-ST-ZIP			
TITLE .	VP	The lete		Chan	ge	
NAME	FLORES, SILVIA A		TITLE NAME	Crian	ge 🔲 Addition	
STREET ADDRESS	10390 NW 30 TERR.	<u>'</u> .;	STREET ADDRESS		-	
CITY-ST-ZIP	DORAL, FL 33172	34	CITY - S1 - ZIP			
TITLE		□ Cetate	TITLE	☐ Chan	ge Addition	
HAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CHY-\$1-Z02		 	CHY+ST-ZIP			
TITLE		Celete	TITLE	☐ Chan	ge 🗌 Addition	
NAME			NAME			
STREET ADORESS CITY ST ZIP		* * * * * * * * * * * * * * * * * * *	STREET ADDRESS CITY-ST ZIP			
				☐ Chạn	ge Addition	
TITLÉ NAMÉ		C Detete	HTLE NAME	Cuan	An Madilian	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		33	CHY-SI-ZIP			
TITLE		☐ Evelate	TITLE	☐ Chan	ige 🔲 Addition	
NAME .			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-\$1-ZIP			CHY-\$1-ZIP			
of the co	certify that the information supplied with an artificial for supplemental report poration or the receiver or trustee encourage and all achieves with an artificial formation or the supplemental with an artificial formation and all achieves are supplemental with an artificial formation.	t is true and accurate and that me prowered to execute this report :	ny signature shall have th as required by Chapter (ned in Chapter 119, Florida Statules, I further certily that the same legal effect as if made under oath; that I am an off 307, Florida Statutes; and that my name appears in Block to	ne information icer or director i0 or Block 11 if	

SIGNATURE:

RINTED NAME OF SIGHING OFFICER OR DIRECTOR

4 (14)08

Dayrima Prione #