

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90018 020 ***150.00

DOCUMENT # P30712

1. Entity Name

IN-PRESS MARKETING CORPORATION



Principal Place of Business

**318 INDIAN TRACE
#546
WESTON FL 33326
US**

Mailing Address

**318 INDIAN TRACE
#546
WESTON FL 33326
US**

2. Principal Place of Business

9745 SW 72nd St Ste 208

Suite, Apt. #, etc.

3. Mailing Address

9745 SW 72nd St Ste 208

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33173

Country

Zip

33173

Country

4. FEI Number

13-3448606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, ROSALINA
318 INDIAN TRACE
SUITE 546
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **Rosalina Fernandez**

Street Address (P.O. Box Number is Not Acceptable)

9745 SW 72nd St Ste 208

City

Miami

FL

Zip Code

33173

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

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, 2004 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

TITLE **VPD** ☒ Delete
NAME **FERNANDEZ, ROSALINA**
STREET ADDRESS **318 INDIAN TRACE, SUITE 546**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPD** ☐ Change ☐ Addition
NAME **Rosalina Fernandez**
STREET ADDRESS **9745 SW 72nd St Ste 208**
CITY-ST-ZIP **Miami FL 33173**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Rosalina Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/30/04 305 4123272