

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-24-2007 90041 049 \*\*\*150.00

P92000006408

**FILED**

2007 OCT 16 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2nd MOORE CR2E034 (4/07)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P92000006408</b><br>1. Entity Name<br><b>SYDJ MARKETING SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                                        |  |
| Principal Place of Business<br><b>18164 NW 2 AVE<br/>MIAMI FL 33169</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                                                                                                                     | Mailing Address<br><b>18164 NW 2 AVE<br/>MIAMI FL 33169</b>                                                                             |                                                                                                                        |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | 3. Mailing Address<br><b>99 NW 183 ST</b>                                                                                                                                                                           |                                                                                                                                         |                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Suite, Apt. #, etc.<br><b>210</b>                                                                                                                                                                                   |                                                                                                                                         |                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | City & State<br><b>MIAMI FL</b>                                                                                                                                                                                     |                                                                                                                                         | 4. FEI Number<br><b>NO-T APPLICABLE</b>                                                                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Zip<br><b>33169</b>                                                                                                                                                                                                 |                                                                                                                                         | Country<br><b>USA</b>                                                                                                  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                                                                                                                     |                                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                                                                 |  |
| 6. Name and Address of Current Registered Agent<br><b>JOHNSON, SYDNEY O<br/>18164 NW 2 AVE<br/>MIAMI FL 33169</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>DUE BY September 5, 2007</b><br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 <input checked="" type="checkbox"/> |                                                                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                                                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                            |                                                                                                                        |  |
| TITLE<br><b>PST</b><br>NAME<br><b>JOHNSON, SYDNEY O</b><br>STREET ADDRESS<br><b>18164 NW 2 AVE</b><br>CITY-ST-ZIP<br><b>MIAMI FL 33169</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete |                                                                                                                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                                                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                                                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                                                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                                                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                                                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |  |
| 12. I hereby certify that the information supplied with this filing 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 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:<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                                                                                                                                     | 10/9/07<br>DATE                                                                                                                         |                                                                                                                        |  |

10/17