

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90130 022 \*\*\*150.00

**DOCUMENT # P94000001905**

1. Entity Name  
**ACCENT MARKETING ASSOCIATES INC.**



Principal Place of Business  
~~11720 ST. ANDREWS PLACE~~  
~~SUITE 107~~  
WELLINGTON FL 33414  
US

Mailing Address  
~~11720 ST. ANDREWS PLACE~~  
~~SUITE 107~~  
WELLINGTON FL 33414  
US



2. Principal Place of Business  
**15835 CHANDELLE PL**

3. Mailing Address  
**15835 CHANDELLE PL**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**WELLINGTON, FL**

City & State  
**WELLINGTON FL**

4. FEI Number **65-0464097**

Applied For  
Not Applicable

Zip **33414** Country **PAIM BCH**

Zip **33414** Country **PAIM BCH**

6. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RAMOS, SALVADOR**  
~~11720 ST. ANDREWS PLACE~~  
~~SUITE 107~~  
WELLINGTON FL 33414

7. Name and Address of New Registered Agent  
Name **RAMOS, SALVADOR**  
Street Address (P.O. Box Number is Not Acceptable)  
**15835 CHANDELLE PLACE**  
City **WELLINGTON** FL Zip Code **33414**

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 **SAL RAMOS** **1-22-2003**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating). DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>RAMOS, SALVADOR</b>	
STREET ADDRESS <del>11720 ST. ANDREWS PLACE, STE #107</del>	→
CITY-ST-ZIP <b>WELLINGTON FL 33414</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>RAMOS, MONICA M</b>	
STREET ADDRESS <del>11720 ST. ANDREWS PLACE, STE #107</del>	→
CITY-ST-ZIP <b>WELLINGTON FL 33414</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RAMOS, SALVADOR</b>	
STREET ADDRESS <b>15835 CHANDELLE PL</b>	
CITY-ST-ZIP <b>WELLINGTON, FL 33414</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RAMOS, MONICA M.</b>	
STREET ADDRESS <b>15835 CHANDELLE PL</b>	
CITY-ST-ZIP <b>WELLINGTON, FL 33414</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 an other like empowered.

SIGNATURE: **SALVADOR RAMOS** **1-22-2003** **561-792-7904**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Date Daytime Phone #

CR2E034 (10/02)