2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90337 005 ***150.00

DOCUMENT # P94000020410 SOUTH FLORIDA MARKETING, INC. Principal Place of Business Mailing Address 50038296 233 N FEDERAL HWY PO BOX 21621 FORT LAUDERDALE, FL 33335 DANIA BEACH, FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0476481 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PETER NAPOLITANO BASANTA, MARY E Street Address (P.O. Box Number is Not Acceptable) 2116 NOVA VILLAGE DR <u>3156 nw 69th court</u> **DAVIE, FL 33317** City Zip Code 33309 FORT LAUDERDALE 8. The above adjust entity submits this state post 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 obligat (HOTE: Registered Agent signature required when reinstating) DATE Signature, typed or print registered agent and tipe if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE Delete TITLE P NAME NAPOLITANO, DOMINICK NAME DEAN NAPOLITANO STREET ADDRESS 4960 NW 5TH QVE STREET ADDRESS 1580 SW 55 AVE CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP Plantion, FL. 33317 BILE Change Addition TITLE Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIPLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition BRE ☐ Delete - ---HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-729 Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 131Y-S1-709 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 logal 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:

4/12/05

954 924-3567