## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 06, 2005 8:00 am Secretary of State

DOCUMENT # P94000024408  1. Entity Name JULISE MARKETING, INC.						04-	06-2005	90092 0	25 ***15	50.00
	e of Business RESS CREEK ROAD RDALE, FL 33131 US		Mailing Address 2950 W CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33131 US					<i>2.</i>	,	
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04012005	Ch	g-P	CR2E03	34 (10/03)	
City & State		City & State			4. FEI Numb				<u> </u>	oplied For
33309 Country		Zip 33309 Country		try	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
LISBIN, JUDI 2950 W CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33131				Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Çod	· 6
8 The above	named entity submits this statement for	the number of changing its	register	,	red agent or b	nth in the	State of Flo		33	33 <i>0</i> 9
	tions of registered agent.	the purpose of changing its	o rogiotore	or cine or registe	noo agam, or o	561, III 610	01410 01 1 10	nou. runn	2016H261 44101,	and docops
SIGNATURE.	Signature, typed or printed name of registered agent a		T. D. minton	d Apost sings bus paguin	od ve an assastation)			DATE		<del></del>
	organization types or printed name or registered agent a	во осе и аррисацие. (пот	c: negistere	d Agent signature require		1	-	- DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Conf	-	+-	.00 May Be ded to Fees		•			
10.	OFFICERS AND		11.	1	ADDITIONS	/CHANG	es to off	ICERS AND	DIRECTOR	
TITLE NAME	PD Delete		TITLE	1					Change	☐ Addition
STREET ADDRESS	2950 W CYPRESS CREEK ROAI	)	STRE	ET ADDRESS		<b>~</b> }^	222	-00		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33131		_	-ST-ZiP		Zip	<b>33</b> 3	04	Da Channa	☐ Addition
TITLE NAME	VIZZI, DAVID	☐ Delete	TITLE NAM!						Change	☐ ¥60®au
STREET ADDRESS	1			ET ADDRESS		٠, و	- 0.0	- GG		
CITY-ST-ZIP	<u> </u>		TITLE	- ST- ZIP		<u> 210</u>	333	307	Change	Addition
NAME		☐ Delete	NAMI						onlings	Addition
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST - ZIP						
TITLE		☐ Defete	TITLE	<del></del>			•		☐ Change	☐ Addition
NAME			NAMI	E					_ •	_
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
	I certify that the information supplied with I on this report or supplemental report is	this filing does not qualify fo			ection 119.07(3	)(i), Florida	a Statutes.	I further cert	ify that the i	nformation
of the cor	I on this report or supplemental report is rporation or the receiver or trustee empo , or on an attachment with an address, v	wered to execute this report	t as requi	ture shall have the red by Chapter 60	same legal effe 17, Florida Statu	ect as if ma les; and th	ade under o nat my nam	oath; that I a e appears in	m an officer Block 10 o	or director r Block 11 if