

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000058603

Entity Name: T B R MARKETING, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

2736 W 77TH PLACE
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

2736 W 77TH PLACE
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 65-0603355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAFFA, THOMAS
2736 W 77TH PLACE
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAFFA, THOMAS M
Address: 15563 MIAMI LAKES WAY N. 101
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: RAFFA, ROBERT B
Address: 15569 MIAMI LKWY N. #206
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAFFA, THOMAS M
Address: 15563 MIAMI LAKE WAY N. 101
City-St-Zip: MIAMI LAKES, FL 33014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. RAFFA

PRES

04/30/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date