

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90098 029 ***150.00

DOCUMENT # P96000041133

1. Entity Name
LET'S MAKE MONEY MARKETING, INC.



Principal Place of Business

~~10896 NW 66TH CT~~
~~PARKLAND, FL 33076-3802~~
5717 NW 125th AVE
CORAL SPRINGS FL 33076

Mailing Address

Same
~~10896 NW 66TH CT~~
~~PARKLAND, FL 33076-3802~~

40079222



04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0671318

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WEISS, JEFF
~~40090 NW 66TH CT~~
~~PARKLAND, FL 33076-3802~~
5717 NW 125th AVE
CORAL SPRINGS, FL
33076

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]
Signature and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEISS, JEFF
STREET ADDRESS	40090 NW 66TH COURT
CITY-ST-ZIP	PARKLAND, FL 330763802
TITLE	
NAME	5717 NW 125th AVE
STREET ADDRESS	CORAL SPRINGS FL
CITY-ST-ZIP	33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05
Date

954-612-4048
Daytime Phone #