


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000031278 1. Entity Name A.L.M. MARKETING, INC.	
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Principal Place of Business 20423 STATE ROAD 7 SUITE 260 BOCA RATON, FL 33498	Mailing Address 20423 STATE ROAD 7 SUITE 260 BOCA RATON, FL 33498
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**DO NOT WRITE IN THIS SPACE**



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0742178	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LAMONT & NEWMAN P.A.  
ONE BISCAYNE TOWER  
SUITE 3550  
MIAMI, FL 33131

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FEFFER, DAVID 20423 STATE ROAD 7, SUITE 260 BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FEFFER, DAVID 20423 STATE ROAD 7 BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FEFFER, LESLIE 20423 STATE ROAD 7 BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS FEFFER, LESLIE 20423 STATE ROAD 7 BOCA RATON, FL 33498
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 which is otherwise empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04

Date

954-225-0471

Daytime Phone #