2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P9700043925 1. Entity Name EVENTS, MARKETING & SEMINARS, INC.					03-03-2005 \$	90170 016 ***150).00
Principal Place 9930 SE BUI TEQUESTA, F	TONWOOD WAY	Mailing Address 9930 SE BUTTONWOOD V TEQUESTA, FL 33469	NAY		ጀህሀኩባባጀ	₩	
2. Principal P 5. 713 Suite, Apt. Suit t	#, etc.	3. Mailing Address 5713 (1) POO Suite, Apt. #, etc. Suite 10	rate WA	02232005	Chg-P	CR2E034 (10/03)	
City & State West		City & State West Palm	Beach	4. FEI Number 65-077			plied For t Applicable
^{Zip} 3340		33407	Country		of Status Desired	S8.75 Add Fee Required	
	6. Name and Address of Current R	egistered Agent	Name /	7. Name and	Address of New Re	egistered Agent	
SCHULZ, GRETA				COLDA Tress (P.O. Box Number COLDA	er is Not Acceptable	Y —	-
			City of	te 102	م د ا	FL Zip Code	i
8. The above named entity submits this statement for the purpose of changing its register				100 11 11 11 11	ach	<u> </u>	nnd coccet
	ions of registered agent		gistered Apent agnature		2 23	DATE	and accept
FiL After Ma	E NOWIII FEE IS \$150.00 by 1, 2005 Fee will be \$550.00	S. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees			
10.	OFFICERS AND D		11.		CHANGES TO OFFI	CERS AND DIRECTORS	
TITLE	D COUNTY OPETA	☐ Delete		Scholz, Gr	eta	🔼 Change	Addition
NAME STREET ADDRESS	SCHULZ, GRETA			ECYOUG. ~			
STITLE / MODIFIEDS	-		NAME STREET ADDRESS	5713 Cac	porate W	ay, suite	102
CITY-ST-ZIP	9930 SE BUTTON WOOD WAY		STREET ADDRESS	5713 COA	porate w	ay, Suite	201 704
	-	☐ Delete	STREET ADDRESS	5713 COA	porate w	Change	102 707
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12. I hereby certify that the information supplied with his filing/loes 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 expowered to execute this report as reogreed 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: _

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

2.23 05

561-683-8145

Daytime Prione #