


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000045580</b> 1. Entity Name <b>STEPHEN MAROTTA ADVERTISING INC.</b>		
Principal Place of Business <b>2020 W. MCNAB ROAD., STE 108 FORT LAUDERDALE FL 33309</b>		Mailing Address <b>2020 W. MCNAB ROAD., STE 108 FORT LAUDERDALE FL 33309</b>
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State <i>Fort Lauderdale</i> Zip <i>33309</i>	3. Mailing Address <i>Same</i> Suite, Apt. #, etc.  City & State <i>Fla 33309</i> Zip <i>33309</i>	
4. FEI Number <b>65-0759156</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>MAROTTA, STEPHEN 2020 W. MCNAB ROAD., STE 108 FORT LAUDERDALE FL 33309</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP  <input type="checkbox"/> Delete	D <b>MAROTTA, STEPHEN</b> <b>689 DAFFODIL DRIVE</b> <b>WELLINGTON FL 33414</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add  U00000608275 02/01/07-80002-024 150.00
TITLE NAME STREET ADDRESS CITY, ST, ZIP  <input type="checkbox"/> Delete	D <b>MAROTTA, CAROL</b> <b>689 DAFFODIL DRIVE</b> <b>WELLINGTON FL 33414</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY, ST, ZIP  <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP  <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY, ST, ZIP  <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP  <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY, ST, ZIP  <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP  <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.</b>		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>1/19/07</b> Daytime Phone #: <b>959-921-1229</b>