## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000066218 1. Entity Name ULTIMAT SALES AND MARKETING, INC.



FILED Apr 02, 2008 08:00 AN Secretary of State

Fee Required

| Principal | Place of | Business |
|-----------|----------|----------|
|           |          |          |

13230 S.W. 32ND COURT DAVIE, FL 33330 Mailing Address

13230 S.W. 32ND COURT DAVIE, FL 33330



| 03312008          | No Chg-P          | CR2E034 (11/05) |                   |  |  |
|-------------------|-------------------|-----------------|-------------------|--|--|
| 4. FEI Number     | •                 |                 | Applied For       |  |  |
| 65-0865           | 722               |                 | Not Applicable    |  |  |
| 5. Certificate of | of Status Desired |                 | \$8.75 Additional |  |  |

6. Name and Address of Current Registered Agent

STARZYK, STAN F 13230 S.W. 32ND COURT DAVIE, FL 33330

## 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  3/3/68  |   |          |  |  |                                       |  |  |
|--|---|----------|--|--|---------------------------------------|--|--|
| Signature, typed or printipositions of registered agent and filter applying to the control of th |   |          |  |  |                                       |  |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   45.00 May Be Added to Fees  |   |          |  |  |                                       |  |  |
| 10.  | OFFICERS AND DIREC  | TORS     |  |  | •                                     |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PVST<br>STARZYK, STAN F<br>13230 S.W. 32ND COURT<br>DAVIE, FL 33330 | <i>,</i> |  |  |                                       |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |          |  |  |                                       |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |          |  | DO   | NOT WRITE                             |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |          |  | IN '   | THIS SPACE                            |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |          |  |  |                                       |  |  |
| TITLE  NAME  STREET ADDRESS'  CITY-ST-ZIP'''   | Mariana<br>Mariana<br>Mariana                                       |          |  | The state of the s | · · · · · · · · · · · · · · · · · · · |  |  |
| 12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 analysis, with all other like empowered.   |   |          |  |  |                                       |  |  |

OFFICER OR DIRECTOR