2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 08:00 AM DOCUMENT # P99000022952 **Secretary of State** RUSH STREET ADVERTISING & PROMOTIONS, INC. Mailing Address Principal Place of Business 1281 N.W. 184 TERRACE 1281 N.W. 184 TERRACE PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 04072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0916165 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PAZMINO, EDUARDO DO NOT WRITE 5791 PLUNKETT ST #3 HOLLYWOOD, FL 33023 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PAZMINO, EDUARDO NAME 1281 N.W. 184 TERRACE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33029 28-U14 15U.UO TITLE PAZMINO, JESUS NAME 1281 N.W. 184 TERRACE STREET ADDRESS PEMBROKE PINES, FL 33029 CITY-ST-ZIP TITLE NAME PAZMINO, MIRYAN STREET ADDRESS 1281 N.W. 184 TERRACE DO NOT WRITE PEMBROKE PINES, FL 33029 CITY-ST-ZIP IN THIS SPACE TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

47/01

Daytime Phone #