


FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90034 019 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000074897			
1. Entity Name N Y MARKETING SERVICES, INC.			
Principal Place of Business 12359 SW 15 ST MIAMI, FL 33184		Mailing Address 12359 SW 15 ST MIAMI, FL 33184	
2. Principal Place of Business 14359 SW 15th Street		3. Mailing Address 14359 SW 15th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL.		City & State Miami, FL.	
Zip 33184	Country Miami-Dade	Zip 33184	Country Miami-Dade
4. FEI Number 65-0942771		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARQUEZ, CLARA D 14359 SW 15 ST MIAMI, FL 33184		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MARQUEZ, CLARA D 14359 SW 15 ST MIAMI, FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Clara Marquez</u> CLARA MARQUEZ 4-15-04		Date: _____ Davette Phone # _____	