2006 FOR PROFIT CORPORATION

Mar 06, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P99000074897 1. Entity Name N Y MARKETING SERVICES.INC. Principal Place of Business Mailing Address **14359 SW 15TH STREET 14359 SW 15TH STREET** MIAMI, FL 33184 MIAMI, FL 33184 02282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0942771 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARQUEZ, CLARA D DO NOT WRITE 14359 SW 15 ST MIAMI, FL 33184 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. Lam famillar with, and accept the obligations of registered agent. 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 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees U00000458683 03/17/06-80055-003 150.00 10. OFFICERS AND DIRECTORS PSTD nueMARQUEZ, CLARA D STREET ADDRESS 14359 SW 15 ST CITY-ST-ZIP MIAMI, FL 33184 TOTAL NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-51-21P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-SE-ZIP NAME STREET ADDRESS CITY-ST-ZIP 3831.F STREET ACCRESS CITY-ST-ZIP 12. I 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 eath, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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