2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000088636

SPERLING MARKETING, INC.

Principal Place of Business

Mailing Address

5432 NW 1ST AVE **5432 NW 1ST AVE** FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309

FILED Feb 23, 2004 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0963665

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPERLING, SEYMOUR 1167 HILLSBORO MILE #516 HILLSBORO BEACH, FL 33062

SIGNATURE:

DO NOT WRITE IN THIS SDACE

				11.4	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 famillar with, and accept the obligations of registered agent.					
SIGNATURE					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	OTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPERLING, SEYMOUR 1167 HILLSBORO MILE, #516 HILLSBORO BEACH, FL 33062				(1000000061815 02/23/04-80095-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KABACK, CHARLOTTE 5432 NW 1ST AVE FT LAUDERDALE, FL 33309	-			
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-SY-ZIP					
12. I hereby certify that the information supplied with this filling 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.					