

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # S75050

1. Entity Name
MARKETING ADVERTISING PROMOTIONS, INC.



Principal Place of Business
FOUR EDISON PLACE
FAIRFIELD, NU 07004 US

Mailing Address
3780 BURNS ROAD
SUITE 8
PALM BEACH GARDENS, FL 33410 US



03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0278916

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LITWINKA, JOHN W.
3780 BURNS ROAD
SUITE 8
PALM BEACH GARDENS, FL 33410

**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, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	LITWINKA, JOHN W.
STREET ADDRESS	8889 SE COMPASS ISLAND WAY
CITY - ST - ZIP	JUPITER, FL 33458
TITLE	DVPS
NAME	LITWINKA, SUSAN M.
STREET ADDRESS	8889 SE COMPASS ISLAND WAY
CITY - ST - ZIP	JUPITER, FL 33458
TITLE	DVP
NAME	NARCISO, JENNY
STREET ADDRESS	20 DOGWOOD CT
CITY - ST - ZIP	W. PATERSON, NJ 07424
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/16/05-80032-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

John W. Litwinka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05

Date

561-624-9400

Daytime Phone #