


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90020 031 \*\*\*158.75

**DOCUMENT # P95000059574**

1. Entity Name  
**MARKETING PRESENTATIONS INCORPORATED**



Principal Place of Business  
**7427 SEDONA WAY**  
**DELRAY BEACH, FL 33446-4420 US**

Mailing Address  
**7427 SEDONA WAY**  
**DELRAY BEACH, FL 33446-4420 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

Country *Palm Beach*

02172004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**CHABROW, PENN B**  
**777 BRICKELL AVE.**  
**900 SUN BANK BLDG.**  
**MIAMI, FL 33131**

**\* - CHANGE OF ADDRESS**  
**CHABROW, PENN B**  
**WAMPLER BUCHANAN WALKER**  
**CHABROW BANCIELLA, P.A.**  
**ONE S.E. THIRD AVE-STE 1700**  
**MIAMI, FL 33139**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

4. FEI Number  
**65-0611266**

Applied For  
 Not Applicable

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

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	PD BRESLOW, MICHAEL G 9427 SEDONA WAY DELRAY BEACH, FL 334464420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRESLOW, MICHAEL G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7427 SEDONA WAY DELRAY BEACH, FL 33446-4420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRESLOW, JUDITH 7427 SEDONA WAY DELRAY BEACH, FL 334464420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Michael G. Breslow* **Michael G. Breslow** **3/8/04** **561 9980205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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