

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000084130

**Entity Name:** ABSOLUTE MARKETING SOLUTIONS, INC.

**FILED**  
**Jan 31, 2013**  
**Secretary of State**  
**CC2138382419**

**Current Principal Place of Business:**

4651 SALISBURY RD  
SUITE 402-404  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

514 CHERRY BLVD  
NEW ALBANY, MS 38652 US

**FEI Number: 90-0895140**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

POTASHNIK, DMITRIY  
4651 SALISBURY RD  
SUITE 402-404  
JACKSONVILLE, FL 32256 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name POTASHNIK, DMITRIY  
Address 4651 SALISBURY RD  
SUITE 402-404  
City-State-Zip: JACKSONVILLE FL 32256  
  
Title TREA  
Name POTASHNIK, DMITRIY  
Address 4651 SALISBURY RD  
SUITE 402-404  
City-State-Zip: JACKSONVILLE FL 32256

Title SEC  
Name POTASHNIK, DMITRIY  
Address 4651 SALISBURY RD  
SUITE 402-404  
City-State-Zip: JACKSONVILLE FL 32256  
  
Title DIR  
Name POTASHNIK, DMITRIY  
Address 4651 SALISBURY RD  
SUITE 402-404  
City-State-Zip: JACKSONVILLE FL 32256

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DMITRIY POTASHNIK**

**PRESIDENT**

**01/31/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date