## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

•	01101011 201	non Guaranty Gorperation		Complete all entries in ac	ccordance with	the instruc	tions to the Form 550	<u>0-SF.</u>		
Pa	art I	Annual Report	lde	ntification Information						
For	calenda	ar plan year 2012 or fis	cal	olan year beginning 01/01	/2012		and ending 1	2/31/2	2012	
Α	This retu	urn/report is for:	X	a single-employer plan	a multiple-	employer pl	an (not multiemployer)		a one-partici	oant plan
В	This retu	urn/report is:	П	the first return/report	the final re	eturn/report				
		·	Ī	an amended return/report	a short plai	n year returr	/report (less than 12 m	onths)	)	
С	Check h	oox if filing under:	X	Form 5558	automatic	extension			DFVC progra	am
	OHOOK D	ox ii iiiiig dilder.	H	special extension (enter desc	Ш					
D	art II	Rasic Plan Info	ш	ation—enter all requested in	· /					
	Name o		11116	ation—enter all requested in	iornation			1h	Three-digit	
			(K) F	PROFIT SHARING PLAN & T	RUST			10	plan number	
		,	() .						(PN) •	001
								1c	Effective date o	f plan
									01/01	/2008
2a	Plan sp	oonsor's name and add	dres	s; include room or suite numb	er (employer, if	for a single-	employer plan)	2b	Employer Identi	
	N I U S IV	IARRETING, INC							(=114)	93200
								2c	Sponsor's telep	
		TH AVENUE, 4TH FLO 3155-4488	OOR					24		
	, . = 00							Zu	54180	(see instructions)
3a	Plan ac	Aministrator's name an	d ac	Idress XSame as Plan Spon	sor Name S	ama as Plan	Sponsor Address	3h	Administrator's	
ou	i iaii ac		u ac	dicess Modific as i fair opon	sor Nameo	arric as r lari	Oponsor Address	0.0	Administrator 3	LIIV
								3с	Administrator's	telephone number
4				n sponsor has changed since from the last return/report.	the last return/re	eport filed fo	r this plan, enter the	4b	EIN	
а		or's name	ibei	nom the last return/report.				4c	PN	
			at th	e beginning of the plan year.				5a		41
b				e end of the plan year				5b		58
				unt balances as of the end of				30		30
C								5c		58
6a	Were	all of the plan's assets	dur	ing the plan year invested in e	eligible assets?	(See instruct	tions.)			X Yes No
b		•		annual examination and repo	-	•	•			
	under	29 CFR 2520.104-46?	(Se	e instructions on waiver eligib	oility and condition	ons.)				X Yes No
	If you	answered "No" to ei	ther	line 6a or line 6b, the plan	cannot use For	m 5500-SF	and must instead use	Form	5500.	
				complete filing of this retur						
				enalties set forth in the instru- gned by an enrolled actuary, a						
		rue, correct, and comp			as well as the el	ectionic vers	sion of this return/report	i, anu	to the best of my	knowledge and
	·	<u> </u>			1		T			
SIG		Filed with authorized/	valid	electronic signature.	10/14/2	2013	CAMERON KELLY			
HEI	RE	Signature of plan ac	dmiı	nistrator	Date		Enter name of individ	ual siç	ning as plan adr	ninistrator
SIG	iN									
HEI	RE	Signature of employ	ver/	olan sponsor	Date		Enter name of individ	ual sid	ning as employe	er or plan sponsor
Pre	parer's r			, if applicable) and address; ir		suite numbei				number (optional)
		-							-	

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Dor	4 III   Financial Information		<u> </u>				
Par 7	t III Financial Information  Plan Assets and Liabilities		(a) Beginning of Ver				(h) End of Voor
		70	(a) Beginning of Yea		-		(b) End of Year 964790
	Total plan assets	7a 7b	32001	0	-		400
	Net plan assets (subtract line 7b from line 7a)	76 7c	52681				964390
		76		1			
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	19149	5			
	(2) Participants	8a(2)	18168	34			
	(3) Others (including rollovers)	8a(3)	229	94			
b	Other income (loss)	8b	7215	8			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					447631
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	745	8			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f	260	0			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					10058
i	Net income (loss) (subtract line 8h from line 8c)	8i					437573
j	Transfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	Amount
b		? (Do not	include transactions reported	10b		X	
С	Was the plan covered by a fidelity bond?				Χ		
				10c			20000
d	or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		5074
f	Has the plan failed to provide any benefit when due under the plan					X	0074
				10f			
g h	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X	
i	2520.101-3.)			10h		^	
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part	<u> </u>						<u> </u>
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	······		· 	······		
<u>11a</u>	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction :	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ith	and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.				Т
b	Enter the minimum required contribution for this plan year					12b	

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	,	Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

Form 5500-SF	Short Form Annual Ret	-	Small Employe	эe	(	DMB Nos. 12 12	210-0110 210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed un	nefit Plan	1065 of the Employee		2	012	
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of 19 the Internal Re	74 (ERISA), and section evenue Code (the Code	ns 6057(b) and 6058(a ).		This Form is	s Open to F pection	Public
Pension Benefit Guaranty Corporation	Complete all entries in accordan	ce with the instruction	is to the Form 5500-5	SF.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Part   Annual Report to for calendar plan year 2012 or fisc	dentification Information	01/2012	and ending		12/31/201	2	word
		multiple-employer plan (			a one-particip	ant plan	WALL TO SERVICE STATE OF THE S
This return/report is:		e final return/report short plan year return/re	eport (less than 12 mo	nths	)		
C Check box if filing under:	X Form 5558 av	itomatic extension			DFVC progra	im	
Part II Basic Plan Inforr	mation—enter all requested informatio	n					
la Name of plan Eventus Marketing,	Inc. 401(k) Profit Shar	ing		1b	Three-digit plan number (PN)	00	1
Plan & Trust				1c	Effective date of 01/01/2008	plan	
2a Plan sponsor's name and addr Eventus Marketing,	ress; include room or suite number (emp Inc	loyer, if for a single-emp	oloyer plan)	2b	Employer Identif (EIN) 13-429		nber
					Sponsor's telept (305) 668-	4343	
5000 SW 75th Avenue	e, 4th Floor		***	2d	Business code ( 541800	see instruct	iions)
Miami Ra Plan administrator's name and	address X Same as Plan Sponsor Nam		3155-4488 onsor Address :	3b	Administrator's E	EIN	
			ļ., <u></u>	3c	Administrator's t	elephone n	umber
If the name and/or EIN of the p	plan sponsor has changed since the last	return/report filed for th	is plan, enter the	4b	EIN		
name, EIN, and the plan numb a Sponsor's name	ser from the last return eport.			4c	PN		
	t the beginning of the plan year			5a			43
	t the end of the plan year			5b			5.8
complete this item)	ecount balances as of the end of the plan			5c			58
a Were all of the plan's assets o	during the plan year invested in eligible a	issets? (See instruction	S.)	۸.		X Yes	No
under 29 CFR 2520.104-46? (	he annual examination and report of an i	l conditions.)			5500.	XYes	No
	ner line 6a or line 6b, the plan cannot						***************************************
t i lil of colors and other	incomplete filing of this return/reporter penalties set forth in the instructions, I is signed by an enrolled actuary, as well a sete.	declare that I have exa-	mined this return/repor	rt. in	icluding, if applica	able, a Scho knowledge	edule and
	The state of the s	Ne	lson Albareda	ι			

SIGN			Nelson Albareda
Tirene T	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			Nelson Albareda
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Form 5500-SF (2012) v. 120126

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.


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Plan Assets and Liabilities		(a) Beginning of Year				(b) End o	
	7a		,817	7			964,790
a Total plan assets	7b		(				400
( ) that line 7h from line 7a	7c	526	,81	7			964,390
r tulia Olas Vaca		(a) Amount				(b) To	tal
and a reached from:				15 CAS			
(1) Employers	8a(1)		,49	100000			
(2) Participants	8a(2)		, 684			de rouse de servicio. La companya de servicio	
(3) Others (including rallovers)	8a(3)		,294		ortonogra Petitioner		e aproblem (1. e. B. umber 2007) de la comunidad de la comunid
b Other income (loss)	d8	72	,15	3			447,631
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			7	le distant	Classic Later	447,031
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7	,45	8			
e Certain deemed and/or corrective distributions (see instructions)	8e			0 3			
f Administrative service providers (salaries, fees, commissions)	. 8f	2	,60				<u>Selection of the contractors of</u>
g Other expanses	8g			0	profiles	<u>perillamente de de</u>	10,058
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<u> 45 (11)</u> 1941 (1)				437,573
i Net Income (loss) (subtract line 8h from line 8c)	. 8i		J. 41 (54)			Ž. 1286.285863	
Transfers to (from) the plan (see instructions)	8j			0			
art V Compliance Questions		<del></del>					
art v Oompratto				Voc	No		Amount
O O de la don year				Yes	No		Amount
During the plan year:  a Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fid.  20.000.251.2.1022 (See instructions and DOL's Voluntary Fid.)	delay con	COMMITTED STREET, MAINTING	10a	Yes	No X		Amount
During the plan year:  a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)  Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10a 10b				
During the plan year:  Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fid.  Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported		Yes X	Х		
During the plan year:  Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fid.  Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		Х		20,000
During the plan year:  Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fidibion of the plan any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	t? (Do not	include transactions reported  and, that was caused by fraud as by an insurance carrier,	10b 10c		Х		
During the plan year:  Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fid.  Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other or not provides some or all	t? (Do not s fidelity bo ther persor of the ben	include transactions reported and that was caused by fraud as by an insurance carrier, efils under the plan? (See	10b 10c		Х		
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<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contributions.</li> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiding or the plan and policy party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plant of the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period?</li> </ul>	t? (Do not ther persor of the ben an?	include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See end.)	10b 10c 10d 10e 10e	х	X X X		20,000
<ul> <li>During the plan year: <ul> <li>Was there a failure to transmit to the plan any participant contribution.</li> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidence on line 10a.)</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan of the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul> </li> </ul>	t? (Do not ther person of the ben as of year the require	include transactions reported and, that was caused by fraudons by an insurance carrier, efits under the plan? (See end.)	10b 10c 10d 10e 10f 10g	х	X X X		20,000
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O During the plan year:  a Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  C Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.)  f Has the plan failed to provide any benefit when due under the plan of the plan have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 art VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requires 5500) and line 11a below)	t? (Do not ther person of the ben as of year the require 01-3	include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See end.)  ructions and 29 CFR and notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Adule SE	3 (Form	20,000 5,07
O During the plan year:  a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interes on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)  f Has the plan failed to provide any benefit when due under the plan by the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter amount of 10 the plan have any participant loans? (If "Yes," enter	ther persor of the ben an? as of year (See instruments? (If	include transactions reported and, that was caused by fraudons by an insurance carrier, efits under the plan? (See end.)  Functions and 29 CFR and notice or one of the end.	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Adule SE	3 (Form	5,07
<ul> <li>During the plan year: <ul> <li>Was there a failure to transmit to the plan any participant contributions.</li> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidible Were there any nonexempt transactions with any party-in-interes on line 10a.).</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.).</li> <li>Has the plan failed to provide any benefit when due under the plange of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans? (If "Yes," enter amount of the plan have any participant loans?</li> <li>If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 art VI Pension Funding Compliance</li> <li>Is this a defined benefit plan subject to minimum funding requires 5500) and line 11a below)</li> <li>Is this a defined contribution plan subject to the minimum funding requires</li> </ul> </li> </ul>	f? (Do not the person of the ben as of year the require 01-3	include transactions reported and, that was caused by fraudons by an insurance carrier, efits under the plan? (See end.)  ructions and 29 CFR  and notice or one of the end.  "Yes," see instructions and corments of section 412 of the Code eachle.)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X A A A A A A A A A A A A A A A	3 (Form ERISA?	20,000 5,07
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				12c	T		
C	Enter the amount contributed by the employer to th	ie plan for this plan year		126			
d	Subtract the amount in line 12c from the amount in negative amount)	line 12b. Enter the result (enter a minus sign to the	e left of a	12d			
е	Will the minimum funding amount reported on line			<u>l</u>	Yes	No	N/A
Part	VII Plan Terminations and Transfers	of Assets		·			
	Has a resolution to terminate the plan been adopted in				Yes X	No	
	If "Yes," enter the amount of any plan assets that r	everted to the employer this year		13a			
b	Were all the plan assets distributed to participants of the PBGC?	>				∏ Ye	s X No
С	If during this plan year, any assets or liabilities wer which assets or liabilities were transferred. (See in	e transferred from this plan to another plan(s), ider istructions.)	ntify the plan(s)	lo		····	<u>,</u>
	13c(1) Name of plan(s):		1	3c(2) E	IN(s)	13c(	(3) PN(s)
			- Company - Comp				
J. ari	All (adina)		<u> </u>	<u> </u>			
************	VIII Trust Information (optional)			14b T	rust's Ell	А	
14a	Name of Irust						

