

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 466795

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: TOMARK ENTERPRISES, INC.

**Current Principal Place of Business:**

700 N FEDERAL HWY  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2876  
HALLANDALE, FL 330082876 US

**New Mailing Address:**

2800 OLD ORCHARD RD.  
DAVIE, FL 33328 US

FEI Number: 59-1565026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PALACIOS, ELSA M  
2800 OLD ORCHARD RD  
DAVIE, FL 33328 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PALACIOS, ELSA M.,  
Address: 2800 OLD ORCHARD RD.  
City-St-Zip: DAVIE, FL 33328

Title: VPD ( ) Delete  
Name: PALACIOS, RAUL E II  
Address: 5100 SW 167TH AVENUE  
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: TD ( ) Delete  
Name: PALACIOS, RICHARD E  
Address: 348 E. GARDEN COVE CIRCLE  
City-St-Zip: DAVIE, FL 33325

Title: S ( ) Delete  
Name: MANNING, MONIQUE  
Address: 2810 OLD ORCHARD RD.  
City-St-Zip: DAVIE, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MONIQUE A. MANNING

SD

01/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date