


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90118 030 \*\*\*150.00

**44047247**



<b>DOCUMENT # 677326</b>		
1. Entity Name <b>SUNMARK EQUITIES CORP.</b>		
Principal Place of Business <b>800 WEST CYPRESS CREEK STE 280 FORT LAUDERDALE, FL 33309 US</b>		Mailing Address <b>800 WEST CYPRESS CREEK STE 280 FORT LAUDERDALE, FL 33309 US</b>
2. Principal Place of Business <b>SUNMARK</b> Suite, Apt. #, etc. <b>800 West Cypress Creek Road</b> City & State <b>Suite 350</b> <b>Ft. Lauderdale, FL 33309</b> Zip Country		3. Mailing Address <b>SUNMARK</b> Suite, Apt. <b>800 West Cypress Creek Road</b> City & State <b>Suite 350</b> <b>Ft. Lauderdale, FL 33309</b> Zip Country

06302004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2023748</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KRINSKY, JAY</b> <b>800 WEST CYPRESS CREEK RD</b> <b>STE 280</b> <b>FORT LAUDERDALE, FL 33309</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRINSKY, JAY 800 WEST CYPRESS CREEK RD FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>e/o SUNMARK</b> <b>800 West Cypress Creek Road</b> <b>Suite 350</b> <b>Ft. Lauderdale, FL 33309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRINSKY, TINA 800 WEST CYPRESS CREEK RD FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>e/o SUNMARK</b> <b>800 West Cypress Creek Road</b> <b>Suite 350</b> <b>Ft. Lauderdale, FL 33309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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:  **President** Date: **June 30, 2004** 9542027776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #