


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M82592
 1. Entity Name
INTERMARK INDUSTRIES INC.



Principal Place of Business C/O BERNARD KREMEN 6940 NW 43 ST MIAMI, FL 33166 US	Mailing Address 1431 BROADWAY 8TH FLOOR NEW YORK, NY 10018 US
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DO NOT WRITE IN THIS SPACE



03202005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-2894348	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KREMEN, BERNARD
 6940 NW 43 ST
 MIAMI, FL 33166

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000277233
 03/26/05-80021-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KREMEN, BERNARD 6940 NW 43 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEVINE, ROBERT B. 1431 BROADWAY NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert A. Levine 3/21/05 714-840-1610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #