2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000097935

Entity Name

INFINITE SOURCE, INC.



FILED Mar 29, 2004 08:00 AN Secretary of State

Principal Place of Business

20610 S.W. 123RD COURT MIAMI, FL 33177-5643 Mailing Address

20610 S.W. 123RD COURT MIAMI, FL 33177-5643



DO NOT WRITE IN THIS SPACE

03252004 No Chg-P

CR2E034 (10/03)

4. FEI Number 55-0796786

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIR, KIRK M 20610 S.W. 123RD COURT MIAMI, FL 33177-5643

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title it explicable. (NOTE, Registered Agent signature required when rehatizing) DATE					
FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000038779 U3/29/04-80055-011 158	75
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D MARTIR, KIRK M 20610 S.W. 123RD COURT MIAMI, FL 331775643	<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIR, NELLA E 20610 S.W. 123RD COURT MIAMI, FL 331775643				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE	
name Street address City-St-Zip					
NAME STREET ADDRESS CITY-ST-ZIP	and the the man was a similar con-				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIR, NELLA E 20610 S.W. 123RD COURT MIAMI, FL 331775643	ng does not qualify for the exemption	IN '		ation

12. I hereby certify that the information supplied with this filling 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:

QUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04 (305) 885-3902