


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90063 039 \*\*\*150.00

**DOCUMENT # P02000100686**

1. Entity Name  
**KENRICH MARKETING, INC.**



Principal Place of Business <b>4304 MAGGIORE WAY          WEST PALM BEACH, FL 33409</b>	Mailing Address <b>4304 MAGGIORE WAY          WEST PALM BEACH, FL 33409</b>
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2. Principal Place of Business <b>4410 PORTOFINO WAY</b>	3. Mailing Address <b>4410 PORTOFINO WAY</b>
Suite, Apt. #, etc. <b>Suite 108</b>	Suite, Apt. #, etc. <b>Suite 108</b>

City & State <b>WEST PALM BEACH FL</b>	City & State <b>WEST PALM BEACH FL</b>
Zip <b>33409</b>	Country <b>USA</b>



03312004 Chg-P CR2E034 (10/03)

4. FEI Number <b>22-3875483</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**SCHWARTZ, RICHARD  
 6535 PARKVIEW DRIVE  
 SUITE E  
 BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**8619 BELLA VISTA DR**  
 City **BOCA RATON FL** Zip Code **33433**

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: *Richard Schwartz* DATE: 3/31/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SCHWARTZ, RICHARD          6535 PARKVIEW DR. UNIT E          BOCA RATON, FL 33433</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>BENKO, KENNETH          4304 MAGGIORE WAY          WEST PALM BEACH, FL 33409</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8619 BELLA VISTA DR          BOCA RATON FL 33433</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4410 PORTOFINO WAY SUITE 108  <del>BOCA RATON FL</del> 33409</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>West Palm Beach</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Richard Schwartz President* Date: 3-31-04 Daytime Phone #: 561-213-5634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR