


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90014 024 \*\*\*158.75

**DOCUMENT # L63521**

1. Entity Name  
**TECHMARK COMMUNICATIONS, INC.**



Principal Place of Business  
**222 LAKEVIEW AVENUE, SUITE 160  
 WEST PALM BEACH, FL 33401**

Mailing Address  
**222 LAKEVIEW AVENUE, SUITE 160  
 WEST PALM BEACH, FL 33401**



2. Principal Place of Business  
**8080 S.E. Peppercorn Ct.**

3. Mailing Address  
**8080 S.E. Peppercorn Ct.**

Suite, Apt. #, etc.

02132004 Chg-P CR2E034 (10/03)

City & State  
**HOBE SOUND, FL**

City & State  
**HOBE SOUND, FL**

Zip  
**33455**

Country  
**USA**

4. FEI Number  
**65-0198307**

Applied For  
 Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**RAFAELS, DIANE**  
**222 LAKEVIEW AVENUE**  
**SUITE 160**  
**WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name  
**RAFAELS, DIANE**

Street Address (P.O. Box Number is Not Acceptable)  
**8080 S.E. Peppercorn Ct.**

City  
**HOBE SOUND**

State  
**FL**

Zip Code  
**33455**

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: *Diane C. Rafaels, President* DATE: 4/04/04

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D	NAME RAFAELS, DIANE	<input type="checkbox"/> Delete
STREET ADDRESS 8080 SE PEPPERCORN CT	CITY-ST-ZIP HOBE SOUND, FL 33455	
TITLE T	NAME RAFAELS, DIANE	<input type="checkbox"/> Delete
STREET ADDRESS 8080 SE PEPPERCORN CT	CITY-ST-ZIP HOBE SOUND, FL 33455	
TITLE PD	NAME RAFAELS, UMBERTO	<input type="checkbox"/> Delete
STREET ADDRESS 8080 SE PEPPERCORN CT	CITY-ST-ZIP HOBE SOUND, FL 33455	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <del>RAFAELS, DIANE</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>RAFAELS, DIANE</del>	
STREET ADDRESS <del>8080 S.E. Peppercorn Ct.</del>	
CITY-ST-ZIP <del>HOBE SOUND, FL 33455</del>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAFAELS, UMBERTO	
STREET ADDRESS 8080 S.E. Peppercorn Ct.	
CITY-ST-ZIP HOBE SOUND, FL 33455	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Diane C. Rafaels* **DIANE C. RAFAELS** DATE: 4/04/04 772-220-5910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #