

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 479071

Entity Name: CONARK, INC.

FILED
Mar 04, 2004
Secretary of State

Current Principal Place of Business:

600 N MASHTA DR
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

600 N MASHTA DR
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-1606634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CANAL, ARMANDO J.
4090 HARDIE ROAD
COCONOT GROVE, FL 33133

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CANAL, ARMANDO,
Address: 600 N MASHTA DR
City-St-Zip: KEY BISCAYNE, FL 0,

Title: VTD () Delete
Name: CANAL, CONSUELO,
Address: 600 N MASHTA DR
City-St-Zip: KEY BISCAYNE, FL 0,

Title: D () Delete
Name: CANAL, KATHLEEN,
Address: 600 N MASHTA DR
City-St-Zip: KEY BISCAYNE, FL 0,

Title: S () Delete
Name: CANAL, ARMANDO J.,
Address: 600 N MASHTA DR
City-St-Zip: KEY BISCAYNE, FL 00000,

Title: T () Delete
Name: CANAL, JOHN C
Address: 26530 SW 84TH AVENUE
City-St-Zip: MIAMI, FL 33157

Title: AT () Delete
Name: CANAL, CARMEN C
Address: 16188 SW 72ND TERRACE
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO J. CANAL

S

03/04/2004

Electronic Signature of Signing Officer or Director

Date