


2008 FOR PROFIT CORPORATION ANNUAL REPORT

payable to **FILED**
Apr 14, 2008 08:00 AM
Florida Department of State

DOCUMENT # F89020	
1. Entity Name PROMARK ASSOCIATES, INC.	

Principal Place of Business 2901 CLINT MOORE RD SUITE 9 BOCA RATON, FL 33496	Mailing Address 2901 CLINT MOORE RD SUITE 9 BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



02222008	No Chg-P	CR2E034 (11/05)
4. FEI Number 59-2212038	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent	
AGRAN, SCOTT H 2901 CLINT MOORE RD SUITE 9 BOCA RATON, FL 33496	

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

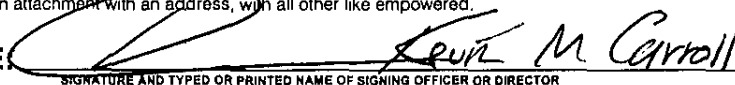
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGRAN, SCOTT H 2901 CLINT MOORE RD SUITE 9 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARROLL, KEVIN 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000935213
04/24/08-80061-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 	4/11/08	561 750822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #