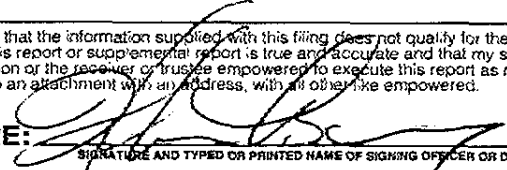


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # J04207 1. Entity Name PRO MARK ENGINEERED SYSTEMS, INC.			
Principal Place of Business 1500 N.W. 62ND STREET SUITE 509 FT. LAUDERDALE, FL 33309		Mailing Address 1500 N.W. 62ND STREET SUITE 509 FT. LAUDERDALE, FL 33309	
DO NOT WRITE IN THIS SPACE			
			
		01202004 No Chg-P CR2E034 (10/03)	
4. FCI Number 59-2673464		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
BAUER, WILLIAM S. 1500 NW 62ND ST. STE 509 FT. LAUDERDALE, FL 33309		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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		000000099483 03/31/04-80007-017 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY ST ZIP	PSTD BAUER, WILLIAM S. 1500 NW 62ND ST STE 509 POMPANO, FL 33062		
TITLE NAME STREET ADDRESS CITY ST ZIP			
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DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 an otherwise empowered.			
SIGNATURE: 		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____	