2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K85422

FILED Feb 23, 2004 Secretary of State

Entity Na	me: REMAR	KABLE SOLUTION	NS, INC.			-	
Current Principal Place of Business:				New Principal Place of Business:			
	BREY AVENU VILLE, FL 340						
Current Mailing Address:				New Mailing Address:			
	BREY AVENU VILLE, FL 340						
FEI Number	: 59-2952735	FEI Number Appl	lied For()	FEI Number Not Appl	icable ()	Certificate of Status Desir	ed ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	CARL BREY AVENU VILLE, FL 340						
	named entity e of Florida.	submits this state	ment for the pu	rpose of changing i	ts registere	d office or registered agent	, or both,
SIGNATUI	RE:						
	Electro	onic Signature of R	egistered Ager	nt		Date	
Election Car	mpaign Financi	ng Trust Fund Contril	bution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD (MIKULE, CAF 14553 AUBRI BROOKSVILL	EY AVENUE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MIKULE, MRS 14553 AUBRI BROOKSVILL	EY AVENUE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DUNLAP, WIL 3140 CEDAR) Delete LLIAM CREEK DRIVE RICHEY, FL 34655		Title: Name: Address: City-St-Zip:		(X) Change () Addition /ILLIAM DKRIDGE BLVD. LLE, FL 34613	
Title:	D () Delete		Title:	D	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

DUNLAP, MRS. WILLIAM,

15801BROOKRIDGE BLVD.

BROOKSVILLE, FL 34613

SIGNATURE: CARL MIKULE PD 02/23/2004

DUNLAP, MRS. WILLIAM,

3140 CEDEL CREEK DRIVE

NEW PORT RICHEY, FL 34655

Name:

Address:

City-St-Zip: