


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.	Suite, Apt. #, etc.

City & State HOBE SOUND, FL	City & State HOBE SOUND, FL
Zip 33455	Zip 33455
Country USA	Country USA



02132004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0198307		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
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 FL 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE RAFAELS, DIANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAFAELS, DIANE		NAME 8080 S.E. Peppercorn Ct.	
STREET ADDRESS 8080 SE PEPPERCORN CT		STREET ADDRESS HOBE SOUND, FL 33455	
CITY-ST-ZIP HOBE SOUND, FL 33455		CITY-ST-ZIP HOBE SOUND, FL 33455	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAFAELS, DIANE		NAME	
STREET ADDRESS 8080 SE PEPPERCORN CT		STREET ADDRESS	
CITY-ST-ZIP HOBE SOUND, FL 33455		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAFAELS, UMBERTO		NAME RAFAELS, UMBERTO	
STREET ADDRESS 8080 SE PEPPERCORN CT		STREET ADDRESS 8080 S.E. Peppercorn Ct.	
CITY-ST-ZIP HOBE SOUND, FL 33455		CITY-ST-ZIP HOBE SOUND, FL 33455	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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** *4/04/04* *772-220-5910*

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