## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L76357  1. Entity Name  GKI MARKETING GROUP, INC.								Feb 26, 2004 08:00 AM Secretary of State
Principal Place of Business  2734 E OAKLAND PARK BLVD FT LAUDERDALE FL 33304 US				Mailing Address P O BOX 22874 FT LAUDERDALE FL 33335 US			A Control of the Cont	[
2. Principal Place of Business				3. Mailing Address				
Surte, Apt. #, etc.				Suite, Apt. #, etc.				MOORE CR2E034 (11/03)
City & State			City & State			······	4.	FÉI Number 65-0198456 Applied For Not Applicable
Zip			Zip Coun		try	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registere	ered Agent Name			7. 1	Name and Address of New Registered Agent
LANE, HAROLD 2415 N UNIVERSITY DRIVE CORAL SPRINGS FL 33065						Street Address (P.O. Box Number is Not Acceptable)		
ī						City		Zip Code
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 accelered the obligations of registered agent.								
SIGNATURE								
FILE NOW!!! FEE IS \$150,00								
After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State								9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.		OFFICERS AND	DIRECTO	RS	11.		ΑĊ	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1					ļ.	□ Change □ Addition U00000066395 02/26/04-80013-014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURTO, JEFFREY S 2734 E OAKLAND PARK BLVD FORT LAUDERDALE FL 33306			☐ Delete	Delete TITLE NAME STREE CITY-			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHESTNUT, CAROLYN 2734 E OAKLAND PARK BLVD FORT LAUDERDALE FL 33306					1		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP			<del>-</del>	□ Delete		<b>I</b>		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY-	ET ADDRESS - ST-ZIP		☐ Change ☐ Addition
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.								

GREECH KURNAN
R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 20, 2001

.. FILED