


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

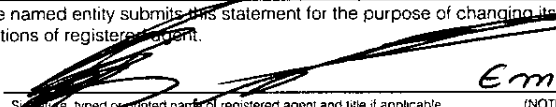
FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90002 007 ***150.00

DOCUMENT # M31710			
1. Entity Name CARTEK INTERNATIONAL, INC.			
Principal Place of Business 6950 EAST N AVENUE KALAMAZOO MI 49048 US		Mailing Address 6950 EAST N AVENUE KALAMAZOO MI 49048 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (4/04)

4. FEI Number 59-2668051		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TATIAMA, HERRERA 8061 NW 186 TERRACE HIALEAH FL 33015		Name Emilio Banchs	
		Street Address (P.O. Box Number is Not Acceptable) 152 62 S.W. 20 Street	
		City Miramar	
		FL Zip Code 33027	
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 		Emilio Banchs	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
		DATE 8-19-04	

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE GM	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BANCHS, EMILIO		NAME Emilio Banchs	
STREET ADDRESS 6794 BRICKELTON COURT		STREET ADDRESS 6159 Village Green Circle #10	
CITY-ST-ZIP PORTAGE MI 49024		CITY-ST-ZIP Portage, Mi 49024	
TITLE S	<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BANCHS, ALBERTINA		NAME Oscar Ferreyra	
STREET ADDRESS 6794 BRICKELTON COURT		STREET ADDRESS 3029 Sturgeonbay	
CITY-ST-ZIP PORTAGE MI 49024		CITY-ST-ZIP Portage, Mi 49024	
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 information.

SIGNATURE:  **Emilio Banchs** 8-19-04 269-382-5080.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #