2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachm

SIGNATURE:

May 09, 2005 8:00 am Secretary of State DOCUMENT # M53432 05-09-2005 90283 001 ***150.00 1. Entity Name SELMARK, INC. Principal Place of Business Mailing Address 14017250 9000 SW 56 ST. 9000 SW 56 ST. MIAMI, FL 33165 9000 SW 56 ST MIAMI, FL 33165 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2814651 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEDINA, PABLO Street Address (P.O. Box Number is Not Acceptable) 9000 SW 56TH ST MIAMI, FL 33165 Zip Code 8. The above pared 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 SIGNATURE. r printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete ☐ Change ☐ Addition TITLE MEDINA, PABLO NAME STREET ADDRESS 9000 SW 56 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL TITLE Delete TITLE Change ☐ Addition MEDINA, MARIA A STREET ADDRESS 9000 SW 56 STREET STREET ADDRESS MIAMI, FL 33165 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED

305,596-0261