## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000038815

FILED Apr 19, 2004 Secretary of State

Entity Name: PMK PSICOMARKETING INTERNATIONAL, INC

Current Principal Place of Business:			New Principal Place of Business:	
	P CIRCLE I, FL 33327			
Current Mailing Address:		New Mailing Address:		
	P CIRCLE I, FL 33327			
FEI Numbei	r: 65-1016764	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
736 TULÍF	MAURICIO P CIRCLE			
WESTON	, FL 33327			
The above		submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
The above	e named entity e of Florida. RE:			ed office or registered agent, or both,
The above in the Stat SIGNATU	e named entity e of Florida. RE: Electro	nic Signature of Registered Ag		ed office or registered agent, or both,  Date
The above in the Stat SIGNATU Election Ca	e named entity e of Florida. RE: Electro mpaign Financir	nic Signature of Registered Ag	ent	Date
The above in the Stat SIGNATU Election Ca	e named entity e of Florida.  RE: Electro mpaign Financir S AND DIREC	nic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete RICIO RCLE	ent	
The above in the State SIGNATU  Election Ca  OFFICER  Title:  Name:  Address:	e named entity e of Florida.  RE: Electro  mpaign Financir  S AND DIREC  D ( GARCIA, MAU 736 TULIP CIF WESTON, FL	nic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete RICIO RCLE 33327  ) Delete ANA RCLE	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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.

SIGNATURE: MAURICIO GARCIA D 04/19/2004