
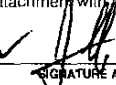


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90689 047 ***150.00

DOCUMENT # P01000017412 1. Entity Name MUSMARK AMERICAN CORP.			
Principal Place of Business 4000 SW 40 AVE PEMBROKE PINES, FL 33023		Mailing Address 2425 NW 33RD STREET 1311 FT LAUDERDALE, FL 33309	
2. Principal Place of Business 2425 NW 33 STREET Suite, Apt. #, etc. 1311		3. Mailing Address 2425 NW 33 STREET Suite, Apt. #, etc. 1311	
City & State OAKLAND PARK FL		City & State OAKLAND PARK	
Zip 33309-6466		Zip 33309-6466	
Country USA		Country USA	
4. FEI Number 65-1075235		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 STOLL, JORGE A 2425 NW 33RD STREET 1311 FT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City OAKLAND PARK FL Zip Code 33309	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 P	NAME STOLL, JORGE ALBERTO	TITLE <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2425 NW 33RD STREET	CITY-ST-ZIP FT LAUDERDALE, FL 33309	STREET ADDRESS 2425 NW 33 STREET # 1311	CITY-ST-ZIP OAKLAND PARK FL. 33309
TITLE V	NAME STOLL, GERMAN DANIEL	TITLE <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2425 NW 33RD STREET	CITY-ST-ZIP FT LAUDERDALE, FL 33309	STREET ADDRESS 2425 NW 33 STREET # 1311	CITY-ST-ZIP OAKLAND PARK FL. 33309
TITLE _____	NAME _____	TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____	NAME _____	TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____	NAME _____	TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	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)(f), 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: 		Forge STOLL 04-2901 786-262-5159 PRES.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	