


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90001 048 ***150.00

DOCUMENT # P01000046917	
1. Entity Name MARK H. ENTERPRISES, INC.	

Principal Place of Business 9856 GRANDE VERDE WAY, APT. 1308 BOCA RATON, FL 33428	Mailing Address 9856 GRANDE VERDE WAY, APT. 1308 BOCA RATON, FL 33428
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54017803

2. Principal Place of Business 9527 Boca River Circle	3. Mailing Address 9527 Boca River Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

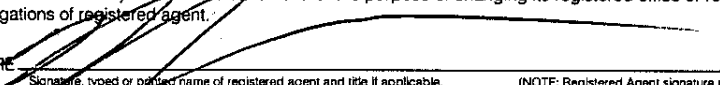
City & State Boca Raton FL	City & State Boca Raton
Zip 33434	Country USA
Zip 33434	Country USA



03072004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent LOOMAR, L. GREGORY-ESQ. 1452 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FL 33024	
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7. Name and Address of New Registered Agent	
Name Mark Horowitz	
Street Address (P.O. Box Number is Not Acceptable) 9527 Boca River Circle	
City Boca Raton	FL Zip Code 33434

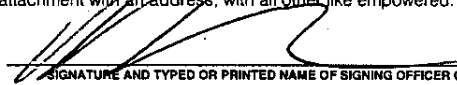
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 3/10/04

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOROWYTZ, MARK 9856 GRANDE VERDE WAY, APT. 1308 BOCA RATON, FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9527 Boca River Circle Boca Raton FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: 	DATE 3/10/04	DAYTIME PHONE # (561) 218-0935
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