

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000085389</b> 1. Entity Name <b>ADMARC PROCESSING, INC.</b>																																												
Principal Place of Business <b>1850 NORTH UNIVERSITY DRIVE PLANTATION, FL 33321</b>	Mailing Address <b>1850 NORTH UNIVERSITY DRIVE PLANTATION, FL 33321</b>																																											
6. Name and Address of Current Registered Agent  <b>HYMOWITZ, MARTIN 1850 NORTH UNIVERSITY DRIVE PLANTATION, FL 33321</b>		<div style="text-align: center;">             01252004    No Chg-P    CR2E034 (10/03)         </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">           4. FEI Number  <b>65-1140241</b> </td> <td style="width: 30%; padding: 2px;">           Applied For            Not Applicable         </td> </tr> <tr> <td colspan="2" style="padding: 2px;">           5. Certificate of Status Desired    <input checked="" type="checkbox"/>    <b>\$8.75 Additional Fee Required</b> </td> </tr> </table>	4. FEI Number <b>65-1140241</b>	Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																							
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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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																												
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="padding: 2px;">PD</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">HYMOWITZ, MARTIN</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1850 NORTH UNIVERSITY DRIVE</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">PLANTATION, FL 33321</td> </tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> </table>			10. OFFICERS AND DIRECTORS		TITLE	PD	NAME	HYMOWITZ, MARTIN	STREET ADDRESS	1850 NORTH UNIVERSITY DRIVE	CITY-ST-ZIP	PLANTATION, FL 33321	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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.																																												
<b>SIGNATURE:</b> 		Date: <b>1/29/04</b> <small>Daytime Phone #</small>																																										