

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005135

FILED
Apr 27, 2004
Secretary of State

Entity Name: CELLMARK WAREHOUSE, INC

Current Principal Place of Business:

4811 LYONS TECHNOLOGY PARKWAY
SUITE 26
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4811 LYONS TECHNOLOGY PARKWAY
SUITE 26
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 30-2160303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILIPPE SYMONOVICZ, P.A.
315 S.E. 7TH ST.
FIRST FLOOR
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

PHILIPPE SYMONOVICZ, P.A.
888 S. ANDREWS AVE.
SUITE 201A
FT. LAUDERDALE, FL 33301 US

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.

SIGNATURE:

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: HOVSEPIAN, RICHARD
Address: 6601 N. LYONS RD., #D-5
City-St-Zip: COCONUT CREEK, FL 33073

Title: VT () Delete
Name: HOVSEPIAN, DORIS
Address: 6601 N. LYONS RD., #D-5
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: HOVSEPIAN, RICHARD
Address: 4811 LYONS TECHNOLOGY PARKWAY, SUITE 26
City-St-Zip: COCONUT CREEK, FL 33073

Title: VT (X) Change () Addition
Name: HOVSEPIAN, DORIS
Address: 4811 LYONS TECHNOLOGY PARKWAY, SUITE 26
City-St-Zip: COCONUT CREEK, FL 33073

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: DORIS HOVSEPIAN

VP

04/27/2004

Electronic Signature of Signing Officer or Director

Date