


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name TRIMARK SOLUTIONS INC.	802000091644 
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FILED

03 MAY -6 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3087 Inglewood Ter Suite, Apt. #, etc.	3. Mailing Address 3087 Inglewood Ter Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

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City & State BOCA RATON FL	City & State BOCA RATON FL	4. FEI Number 56-2286647	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33431	Country USA	Zip 33431	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name G. DAMELL RIGLEY	
	Street Address (P.O. Box Number is Not Acceptable) 3087 INGLEWOOD TERRACE	
	City BOCA RATON	FL 33431

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.

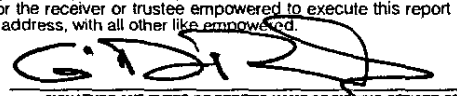
SIGNATURE  DATE **4-30-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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	CYNOL G. RIGLEY 3087 Inglewood Ter BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500018301375 05/06/03--01085--007 **150.00
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4-30-03** DAYTIME PHONE # **561-750 1269**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

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