


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90110 011 ***158.00

DOCUMENT # P03000079326

1. Entity Name
LUMARK, INC.



Principal Place of Business
**158 SOUTH SHORE DRIVE
 SUITE 8
 MIAMI-BEACH, FL 33141**

Mailing Address
**P.O. BOX 6593
 MIAMI, FL 33141**

2. Principal Place of Business
545 NW 99 STREET

3. Mailing Address
~~Same as above~~
P.O. BOX 6593

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33150

Country

Zip
33141

Country



01152005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**KENOL H., FRANCIS
 158TH SOUTH SHORE DRIVE
 SUITE 8
 MIAMI-BEACH, FL 33141**

7. Name and Address of New Registered Agent

Name ~~Kenol H. Francis~~

Street Address (P.O. Box Number is Not Acceptable)
~~545 NW 99 Street~~

City ~~MIAMI, FL~~ Zip Code ~~33150~~

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: *Kenol Francis* DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	FRANCIS, KENOL H. 158 SOUTH SHORE DRIVE - SUITE 8 MIAMI-BEACH, FL 33141	TITLE P	FRANCIS, Kenol H. 545 NW 99 STREET MIAMI, FL 33150
TITLE VP	ROMULUS, KERVIG E. 158 SOUTH SHORE DRIVE - SUITE 8 MIAMI-BEACH, FL 33141	TITLE VP	ROMULUS, KERVIG E. 545 NW 99 STREET MIAMI, FL 33150
TITLE TR	ROMULUS, PAULE M. 158 SOUTH SHORE DRIVE - SUITE 8 MIAMI-BEACH, FL 33141	TITLE TR	ROMULUS, PAULE M. 545 NW 99 STREET MIAMI, FL 33150
TITLE S	SAINTUS, MARIE L. 158 SOUTH SHORE DRIVE MIAMI-BEACH, FL 33141	TITLE S	SAINTUS, MARIE L. 545 NW 99 STREET MIAMI, FL 33150
TITLE		TITLE	
TITLE		TITLE	

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.

SIGNATURE: *Kenol Francis* **KENOL FRANCIS** 03-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #