


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
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2. Principal Place of Business 545 NW 99 STREET	3. Mailing Address Same as place above
Suite, Apt. #, etc. 1	Suite, Apt. #, etc. P.O. BOX 6593
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33150	Country 33141



01152005 Chg-P CR2E034 (10/03)

4. FEI Number **200379085** Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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	
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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: *Kenol Francis* (NOTE: Registered Agent signature required when reinstating) DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	P FRANCIS, KENOL H. 158 SOUTH SHORE DRIVE - SUITE 8 MIAMI-BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANCIS, KENOL H. 545 NW 99 STREET MIAMI, FL 33150 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROMULUS, KERVIG E. 158 SOUTH SHORE DRIVE - SUITE 8 MIAMI-BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROMULUS, KERVIG E. 545 NW 99 STREET MIAMI, FL 33150 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ROMULUS, PAULE M. 158 SOUTH SHORE DRIVE - SUITE 8 MIAMI-BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ROMULUS, PAULE M. 545 NW 99 STREET MIAMI, FL 33150 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAINTUS, MARIE L. 158 SOUTH SHORE DRIVE MIAMI-BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAINTUS, MARIE L. 545 NW 99 STREET MIAMI, FL 33150 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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.

SIGNATURE: *Kenol Francis* **KENOL FRANCIS** 03-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #