


**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90083 003 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P03000097061**

1. Entity Name  
**MARKETRAK, INC.**



Principal Place of Business  
**1825 PONCE DE LEON BOULEVARD  
 #194  
 CORAL GABLES, FL 33134**

Mailing Address  
**1825 PONCE DE LEON BOULEVARD  
 #194  
 CORAL GABLES, FL 33134**

**40004049**



2. Principal Place of Business  
**3109 GRAND AVE.**

3. Mailing Address  
**3109 GRAND AVE.**

Suite, Apt. #, etc.  
**# 249**

Suite, Apt. #, etc.  
**# 249**

01182005 Chg-P CR2E034 (10/03)

City & State  
**COCONUT GROVE FL**

City & State  
**COCONUT GROVE, FL**

Zip  
**33133**

Country  
**U.S**

Zip  
**33133**

Country  
**U.S**

4. FEI Number  
**57-1190542**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BLUMBERG, ROBERT  
 3500 CORAL WAY #811  
 MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name  
**Blumberg, Robert**

Street Address (P.O. Box Number is Not Acceptable)  
**3160 Matilda St.**

City  
**Miami**

FL Zip Code  
**33133**

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: **R. Blumberg** DATE: **1/18/05**

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

TITLE D	<input checked="" type="checkbox"/> Delete
NAME BLUMBERG, ROBERT	
STREET ADDRESS 3500 CORAL WAY, #811	
CITY-ST-ZIP MIAMI, FL 33145	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Blumberg, Robert	
STREET ADDRESS 3160 Matilda St.	
CITY-ST-ZIP Miami, FL 33133	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **R. Blumberg** Date: **1/18/05** Daytime Phone #: **786-247-1540**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR