

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000057860</b>		
1. Entity Name <b>BEMAC ENTERPRISES INC.</b>		
Principal Place of Business <b>103200 OLS HWY #1 KEY LARGO, FL 33037</b>		Mailing Address <b>PO BOX 464 KEY LARGO, FL 33037 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		04222004 No Chg-P CR2E034 (10/03)
4. FEI Number <b>65-0444608</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>SUBIC, SANDRA K 99411 OVERSEAS HWY KEY LARGO, FL 33037</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	D	
NAME	CLOTHIER, MCNAIR	
STREET ADDRESS	900 TROPICAL LN	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	D	
NAME	CLOTHIER, MARY ANNE	
STREET ADDRESS	900 TROPICAL LN.	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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: <u>M. Clothier</u> <b>MARY ANNE CLOTHIER</b> <b>4-22-04 305 453-0065</b>		Date Daytime Phone #