


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90059 012 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P94000001879</b>                      |  |
| 1. Entity Name<br><b>INROH COMMUNICATIONS, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>2269 S UNIVERSITY DR<br/>#246<br/>DAVIE, FL 33324 US</b> | Mailing Address<br><b>2269 S UNIVERSITY DR<br/>#246<br/>DAVIE, FL 33324 US</b> |
|--|--|



02172004 No Chg-P CR2E034 (10/03)

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|   |  |
|---|--|
| 4. FEI Number<br><b>65-0460103</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent

**MARLOWE, RONALD J  
301 E OAKLAND PARK BLVD  
SUITE 800  
FORT LAUDERDALE, FL 33301**

**301 E LAS OLAS BLVD  
FT LAUDERDALE FL  
STE 800 33301**

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6. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>SMITH, JASON A<br>230 N.W. 107 AVENUE<br>PLANTATION, FL 33324 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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 Block 11 if changed, or on an attachment with an address, with all other lines empowered.

**SIGNATURE:**  **12/17/04** **888-535-4242**

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