

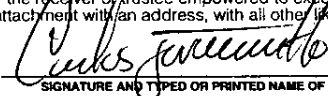


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2004 90245 045 \*\*\*150.00

<b>DOCUMENT # P97000002145</b> 1. Entity Name <b>REMARKETING SERVICES OF FLORIDA CORP.</b>					
Principal Place of Business <b>2626 RACCOON RUN LN ORLANDO, FL 32837 US</b>			Mailing Address <b>2626 RACCOON RUN LN ORLANDO, FL 32837 US</b>		
2. Principal Place of Business <b>1614 MCCOY ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>14406 CALABAY COURT</b> Suite, Apt. #, etc.			
City & State <b>ORLANDO FLORIDA</b>		City & State <b>ORLANDO FLORIDA</b>		4. FEI Number <b>65-0713690</b>	
Zip <b>32809</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JARMILLO, CARLOS 2626 RACCOON RUN LN ORLANDO, FL 32837</b>				7. Name and Address of New Registered Agent Name <b>CARLOS JARAMILLO</b> Street Address (P.O. Box Number is Not Acceptable) <b>14406 CALABAY COURT</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32837</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 _____ (NOTE: Registered Agent signature required when reinstating) 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 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P JARAMILLO, CARLOS 2626 RACCOON RUN LN ORLANDO, FL 32837</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CARLOS JARAMILLO 14406 Calabay court ORLANDO FL 32837</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V JARAMILLO, LINDA 2626 RACCOON RUN LN ORLANDO, FL 32837</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V LINDA JARAMILLO 14406 Calabay court ORLANDO FL 32837</b>
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	
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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.					
<b>SIGNATURE:</b>  <b>CARLOS JARAMILLO</b> <b>4-20-04</b> <b>(407) 592-8413</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					