


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90040 003 \*\*\*150.00

DOCUMENT # P97000002145 1. Entity Name REMARKETING SERVICES OF FLORIDA CORP.	
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Principal Place of Business 1614 MCCOY ROAD ORLANDO, FL 32809 US	Mailing Address 14406 CALABAY COURT ORLANDO, FL 32837 US
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2. Principal Place of Business 11709 S. OBT Suite, Apt. #, etc. SUITE 104	3. Mailing Address 14406 Calabay CT Suite, Apt. #, etc.
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04082005 Chg-P CR2E034 (10/03)

City & State Orlando FL	City & State Orlando FL	4. FEI Number 65-0713690	Applied For Not Applicable
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Zip 32837	Country USA	Zip 32837	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JARMILLO, CARLOS 14406 CALABAY COURT ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name Jaramillo, Carlos Street Address (P.O. Box Number is Not Acceptable) 14406 Calabay CT City Orlando FL Zip Code 32837	
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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: Carlos Jaramillo PRESIDENT DATE: 3-30-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JARAMILLO, CARLOS 14406 CALABAY COURT ORLANDO, FL 32837 <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	V JARAMILLO, LINDA 14406 CALABAY COURT ORLANDO, FL 32837 <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
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 reports 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: Carlos Jaramillo PRESIDENT DATE: 3-30-05 (407) 592-8413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR