## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 12, 2004 08:00 AM DOCUMENT # P98000046377 1. Entity Name **Secretary of State** POSITIVE MARKETING BOCA INC. Principal Place of Business Mailing Address 7036 W PALMETTO PK RD. 7036 W PALMETTO PK RD. BOCA RATON, FL 33433 US BOCA RATON, FL 33433 US 02062004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0839298 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BENATAR, MARK DO NOT WRITE 307 SENECA LANE BOCA RATON, FL 33487 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. $\Box$ Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME BENATAR, MARK STREET ADDRESS 307 SENECA LN CITY-ST-ZIP BOCA RATON, FL 33487 TITLE U00000047662 NAME STREET ADDRESS 02/12/04-90049-019 150.00 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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:

NAME STREET ADDRESS City-ST-ZIP TITLE

STREET ADDRESS

NO OFFICER OR DIRECTOR