# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2004**
**Secretary of State**

DOCUMENT# P99000058776

**Entity Name:** TRIAD MARKETING GROUP, INC.

**Current Principal Place of Business:**

925 S FEDERAL HWY
SUITE 175
BOCA RATON, FL 33432

**New Principal Place of Business:**

925 S FEDERAL HWY
SUITE 125
BOCA RATON, FL 33432

**Current Mailing Address:**

925 S FEDERAL HWY
SUITE 175
BOCA RATON, FL 33432

**New Mailing Address:**

925 S FEDERAL HWY
SUITE 125
BOCA RATON, FL 33432

**FEI Number: 65-0930935** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: SMOLEV, IRA
Address: 2924 S.OCEAN BLVD., A-3
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: TRUST, SYDRA SMOLEV
Address: 605 THIRD AVE.
City-St-Zip: NEW YORK, NY 101580038

Title: D ( ) Delete
Name: TRUST, KARLIIN MANN
Address: 605 THIRD AVE.
City-St-Zip: NEW YORK, NY 101580038

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA SMOLEV D 04/20/2004

Electronic Signature of Signing Officer or Director — Date