


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90049 010 ***150.00

DOCUMENT # P99000064040	
1. Entity Name NUMARK VENTURES, INC.	

Principal Place of Business 9281 BYRON AVE MIAMI BEACH, FL 33154	Mailing Address 2401 COLLINS AVENUE SUITE 705 MIAMI BEACH, FL 33140
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2. Principal Place of Business Same	3. Mailing Address 9281 Byron Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Surfside, Florida	City & State Surfside Florida
Zip 33154	Zip 33154
Country USA	Country USA

6. Name and Address of Current Registered Agent ALICEA, LOREYNE 9281 BYRON AVE MIAMI BEACH, FL 33154 Surfside	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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 PTD	<input type="checkbox"/> Delete	TITLE same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALICEA, LOREYNE		NAME same	
STREET ADDRESS 9281 BYRON AVE		STREET ADDRESS Surfside, FL 33154	
CITY-ST-ZIP MIAMI BEACH, FL 33154		CITY-ST-ZIP Surfside, FL 33154	
TITLE VSD	<input type="checkbox"/> Delete	TITLE same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEL RIO, BEATRIZ		NAME same	
STREET ADDRESS 9281 BYRON AVE		STREET ADDRESS Surfside, FL 33154	
CITY-ST-ZIP MIAMI BEACH, FL 33154		CITY-ST-ZIP Surfside, FL 33154	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Beatriz Del Rio **4/13/04** **305-8613224**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #