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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 JAN -8 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 668978

1. Entity Name
REN-MAR CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
11303 NW 9ST PLANTATION, FL 33325	11303 NW 9ST PLANTATION, FL 33325

01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2073381
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, SERAFIN R
11303 NW 9ST
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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.

300026912093
01/14/04--01025--005 **150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUNOZ, SERAFIN R.
STREET ADDRESS	11303 NW 9 ST
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	D
NAME	MUNOZ, MARIA A.
STREET ADDRESS	11303 NW 9 ST
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: See attached
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Document Number
668978
Business Entity Name
REN-MAR CONSTRUCTION, INC.

FEI Number 592073381

FEI Number Status O Applied For O Not Applicable ◉ Current

Certificate of Status Desired O Yes ◉ No $8.75 each

Principal Place of Business

Address	11303 NW 9ST
Suite, Apt. #, etc.	
City, State	PLANTATION , FL
Zip Code & Country	33325

Mailing Address

Address	11303 NW 9ST
Suite, Apt. #, etc.	
City, State	PLANTATION , FL
Zip Code & Country	33325

Name And Address of Registered Agent

Name (Last, First, Middle, Title)	MUNOZ , SERAFIN , R ,
-or- RA Business Name	
Address	11303 NW 9ST
Suite, Apt. #, etc.	
City, State	PLANTATION , FL
Zip Code & Country	33324 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

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Document Number
668978
Business Entity Name
REN-MAR CONSTRUCTION, INC.

Election Campaign Financing Trust Fund Contribution ○ Yes ◉ No

Officer/Director Name And Address

Title	PD
Name (Last, First, Middle, Title)	, , ,
-or- Entity Name	MUNOZ, SERAFIN R.
Street Address	11303 NW 9 ST
City, State	PLANTATION , FL
Zip Code & Country	33325

Title	D
Name (Last, First, Middle, Title)	, , ,
-or- Entity Name	MUNOZ, MARIA A.
Street Address	11303 NW 9 ST
City, State	PLANTATION , FL
Zip Code & Country	33325

Title	
Name (Last, First, Middle, Title)	, , ,
-or- Entity Name	
Street Address	
City, State	,
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	, , ,
-or- Entity Name	
Street Address	

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

○ **List more than six Officers/Directors** ◉ **No additional Officers/Directors to list**

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title President

Officer/Director Signature Geraldine R. Muniz

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