


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # M67860
 1. Entity Name
DOHUMAR, INC.



Principal Place of Business Mailing Address
51 E. FIRST ST., STORE #24 **71 S.E. 1ST STREET**
MIAMI, FL 33130-1623 **MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE



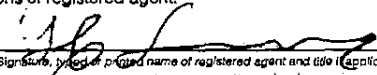
04302005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0047152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GONZALEZ, HUMBERTO
51 S.E. 1ST STREET
MIAMI, FL 33134

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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:  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 9. Election Campaign Financing **\$5.00 May Be**
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. **Added to Fees**


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, HUMBERTO 1512 SARAGOSSA CORAL GABLES, FL 33134
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 05/05/05-80066-008 150.00

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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:  **Humberto Gonzalez** **4-28-05** **305-442-1010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #