

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -7 PM 2:44

DOCUMENT # P01000049218

1. Entity Name
C. M. PALOMAR, INC



SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400023621564
10/07/03--01066--005 **150.00

Principal Place of Business
1265 SW 101 TERR.
APT. 205
PEMBROKE PINES, FL 33025

Mailing Address
1265 SW 101 TERR.
APT. 205
PEMBROKE PINES, FL 33025

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



4. FEI Number
03-0374528

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALVAREZ, CARLOS
1265 SW 101 TERR. APT 205
PEMBROKE PINES, FL 33025

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 *Carlos Alvarez* DATE 09-18-2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, CARLOS 1265 SW 101 TERR. APT 205 PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT POTOCAR, MARIA M 1265 SW 101 TER. AP. 205 PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carlos Alvarez* DATE: 09-18-2003 (954) 433 4397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Miami, FI September 19, 2003

Department of State
Division of Corporations
Uniform Business Report
P.O. BOX 1500
Tallahassee, FI 32302-1500

RE: C.M. PALOMAR, INC
Document # P010C0049218

Dear Sir or Madam:

I wish to inform you that I never received the 2003 Uniform Business Report for C.M. PALOMAR, INC, document Number P01000049218.

I have only now realized that I owe the 2003 fees, and respectfully request that C.M. PALOMAR, INC. be excused from paying the \$400 penalty.

Please find attached for filing the 2003 U B R duly completed and signed.

Many thanks for your attention.

Yours truly,


CARLOS ALVAREZ
President, C.M. PALOMAR, INC.