


2006 FOR PROFIT CORPORATION ANNUAL REPORT

47

FILED
May 10, 2006 8:00 am
Secretary of State

04-24-2006 90438 047 ***150.00

DOCUMENT # P02000030474			
1. Entry Name BANCOMAR CONSULTING, INC.			
Principal Place of Business 12220 SW 148TH ST MIAMI, FL 33186		Mailing Address 12220 SW 148TH ST MIAMI, FL 33186	
2. Principal Place of Business <i>1380 River Rd</i>		3. Mailing Address <i>1380 River Rd</i>	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State <i>Moore Haven FL</i>		City & State <i>Moore Haven FL</i>	
Zip <i>FL-33471</i>	Country <i>FLORIDA</i>	Zip <i>33471</i>	Country <i>FLORIDA</i>
6. Name and Address of Current Registered Agent MARTINEZ, LEONCIO O 12220 S.W. 148 CT MIAMI, FL 33186		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 <i>[Signature]</i> DATE <i>4/20/06</i>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, LEONCIO O	NAME	
STREET ADDRESS	12220 SW 148TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	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	
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 exemptions contained in Chapter 119, 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: <i>Leoncio O. Martinez</i>		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

66015607



04142006 Chg-P CR2E034 (11/05)

4. FEI Number **02-0559558** Applied For Not Applicable

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

SIGNATURE: *Leoncio O. Martinez* DATE