

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000064689			
1. Entity Name COMAR BUILDERS INC.			
Principal Place of Business 945 SW 87TH AVE MIAMI, FL 33174	Mailing Address 945 SW 87TH AVE MIAMI, FL 33174		
DO NOT WRITE IN THIS SPACE			
		04262004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 06-1640493	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, JULIAN 1730 SW 137TH CT MIAMI, FL 33175		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.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
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		DO NOT WRITE IN THIS SPACE U000000140279 04/29/04-80156-011 150.00	
TITLE	D		
NAME	MARTINEZ, JULIAN		
STREET ADDRESS	1730 SW 137TH CT		
CITY - ST - ZIP	MIAMI, FL 33175		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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TITLE			
NAME			
STREET ADDRESS			
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: <i>JULIAN MARTINEZ</i>		<i>4/29/04 (786) 486-6816</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	