

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000127499

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: HELLMAR CORP.

## Current Principal Place of Business:

2875 N E 191ST ST 801  
AVENTURA, FL 33180

## New Principal Place of Business:

16375 NE 18 AV.  
304  
N. MIAMI BEACH, FL 33162 US

## Current Mailing Address:

2875 N E 191ST ST 801  
AVENTURA, FL 33180

## New Mailing Address:

16375 NE 18 AV.  
304  
N. MIAMI BEACH, FL 33162 US

FEI Number: 20-2488655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SERBER, DANIEL J ESQ  
TURNBERRY PLZ STE 801  
2875 N E 191ST ST  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ESQUENAZI, HELLEN  
Address: 2875 N E 191ST ST 801  
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete  
Name: ESQUENAZI, MARGOT  
Address: 2875 N E 191ST ST 801  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ESKENAZI, MARGOT  
Address: 16375 NE 18 AV. -304  
City-St-Zip: N. MIAMI BEACH, FL 33162 US

Title: D (X) Change ( ) Addition  
Name: ESKENAZI, ELENA  
Address: 16375 NE 18 AV. -304  
City-St-Zip: N. MIAMI BEACH, FL 33162 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGOT ESKENAZI

D

04/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date