


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90265 022 ***150.00

DOCUMENT # S29140
 1. Entity Name
FEMAR INVESTMENTS, INC.



Principal Place of Business Mailing Address
 200 S BISCAYNE BLVD SUITE 4950 200 S BISCAYNE BLVD SUITE 4950
 SOUTHEAST FINANCIAL CENTER SOUTHEAST FINANCIAL CENTER
 MIAMI, FL 33131 MIAMI, FL 33131

20046079



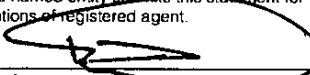
2. Principal Place of Business 3. Mailing Address
 c/o David Lichter & Assoc. c/o David Lichter & Assoc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 2999 N.E. 191 St. # 709 2999 N.E. 191 St. # 709
 City & State City & State
 Aventura, FL Aventura, FL
 Zip Country Zip Country
 33180-3116 USA 33180-3116 USA

04132005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0255207 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHOPP, HAROLD
 200 S BISCAYNE BLVD SUITE 4950
 SOUTHEAST FINANCIAL CENTER
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name David Lichter
 Street Address (P.O. Box Number is Not Acceptable) 2999 N.E. 191 St.
 Suite 709
 City Aventura FL Zip Code 33180

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  **DAVID LICHTER** DATE **4-20-05**

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	PD REYLER, DORA D #4950, 200 S BISCAYNE BL MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KERBEL, FANNY A #4950, 200 S BISCAYNE BL MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYLER, DORA D #4950, 200 S BISCAYNE BL MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KERBEL, MARCOS A #4950, 200 S BISCAYNE BL MIAMI, FL <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	PD Kerbel, Marcos A. 11607 N. Bayshore Dr. N. Miami, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Reyler, Dora D. 10000 W. Bay Harbor Dr. # 301 Bay Harbor Islands, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lichter, Mayra R. 1932 N.E. 119 Rd. North Miami, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kerbel, Fanny A. 11607 N. Bayshore Dr. North Miami, FL 33181 <input checked="" 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

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:  DATE: **4-20-2005** (305) 895-2013