

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000037448

1. Entity Name

C-MAR, INC.



FILED

04 FEB 26 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5742 S.W. 51 TERRACE
MIAMI FL 33155

Mailing Address

5742 S.W. 51 TERRACE
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address



MOORE CR2E034 (11/03) 04

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0582029**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

NEMETH, BRIAN J
5742 SW 51ST TERRACE
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name: **SPIEGEL & UTRERA, P.A.**
Street Address (P.O. Box Number is Not Acceptable):
1840 CORAL WAY
FOURTH FLOOR
City: **MIA** FL Zip Code: **33145**

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.

Spiegel & Utrera, P.A.

SIGNATURE BY:

Signature, typed or printed name of registered agent and title if applicable.

Natalia Utrera, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
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	PTD <input type="checkbox"/> Delete
NAME	NEMETH, MICHELLE R
STREET ADDRESS	5742 S.W. 51 TERRACE
CITY-ST-ZIP	MIAMI FL 33155
TITLE	VSD <input type="checkbox"/> Delete
NAME	NEMETH, BRIAN J
STREET ADDRESS	5742 S.W. 51 TERRACE
CITY-ST-ZIP	MIAMI FL 33155
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800030506248
CITY-ST-ZIP	03/16/04--01031--010 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Michelle R. Nemeth** MICHELLE R. NEMETH Feb 3, 2004 305 662-7848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #