

# 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0582029

Applied For  
Not Applicable

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:

Natalia Utrera, Vice President

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

(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 ☐ Delete  
NAME NEMETH, MICHELLE R  
STREET ADDRESS 5742 S.W. 51 TERRACE  
CITY-ST-ZIP MIAMI FL 33155

TITLE VSD ☐ Delete  
NAME NEMETH, BRIAN J  
STREET ADDRESS 5742 S.W. 51 TERRACE  
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800030506248  
03/16/04--01031--010 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 7 FEB 3, 2004 305 662-7848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #