2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 07, 2007 08:00 AM DOCUMENT # P95000037448 **Secretary of State** 1. Entity Name C-MAR, INC. Principal Place of Business Mailing Address 5742 S.W. 51 TERRACE 5742 S.W. 51 TERRACE **MIAMI FL 33155 MIAMI FL 33155** 2. Principal Place of Business - No P O. Box # 3. Mailing Address SAME SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0582029 Not Applicable Ζıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, PA None Street Address (P.O. Box Number is Not Acceptable) 1840 CORAL WAY 4TH FLOOR **MIAMI FL 33145** City Zip Code 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, lyned or printed name of registered agent and title it applicable (NOTE: Registered Againt signature required when rainslating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 шн Detete THLE Change ☐ Addition NEMETH, MICHELLE R NAME NAME U00000625032 5742 S.W. 51 TERRACE STREET ADDRESS STREET ADDRESS 02/14/07-80059-016 150.00 MIAMI FL 33155 CHY-ST-7IP CITY-ST-7IP VSD IIIII Delete HIRE Change Addition NEMETH, BRIAN J NAMI NAME 5742 S.W. 51 TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33155 CHY-ST-ZIP CITY-ST-7IP HHE ☐ Cateto 11715 ☐ Change _ ∴dotton NAMI NAME STRUCT ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-ZIP TITE Delete Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP ШЩ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 eath; 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 atlachment with an address, with all other like empowered.

305-815-1455