


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 180756</b> 1. Entity Name <b>BAILMAR, INC.</b>					
Principal Place of Business <b>ONE N.E. 19TH STREET SUITE 300 MIAMI, FL 33132</b>			Mailing Address <b>ONE N.E. 19TH STREET SUITE 300 MIAMI FL 33132</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number <b>59-0759799</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARTEL, FRANK X. ONE N.E. 19TH STREET SUITE 300 MIAMI FL 33132</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					



1st MOORE CR2E034 (10/04)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	MARTEL, FRANK X	NAME	
STREET ADDRESS	ONE N.E. 19 ST., SUITE 300	STREET ADDRESS	U00000352964
CITY - ST - ZIP	MIAMI FL 33132-1030	CITY - ST - ZIP	05/03/05-80046-020 150.00
TITLE	ST <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	MARTEL, FRANK X	NAME	
STREET ADDRESS	#1 N.E. 19TH STREET	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33132-1030	CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME	BROWN, MARJORIE L.	NAME	
STREET ADDRESS	#1 NE 19 ST.	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33132-1030	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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)(c), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Marjorie L. Brown MARJORIE L. BROWN April 25, 2005 305-576-032  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #