

2006 FOR PROFIT CORPORATION

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90034 002 ***150.00

338372

1. Entity Name
WASMAR HOLDING CORP



Principal Place of Business

% R. DILLON
56 MARINE STREET
CITY ISLAND, NY 10464

Mailing Address

% R. DILLON
56 MARINE STREET
CITY ISLAND, NY 10464

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DILLON, MARY
1461 S OCEAN BLVD APT 212
POMPANO BEACH, FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	DILLON, MARY	1461 S OCEAN BLVD	POMPANO BEACH, FL	<input type="checkbox"/> Delete			
S	DILLON, RICHARD	56 MARINE STREET	CITY ISLAND, NY	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

Richard Dillon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD DILLON

Date

Daytime Phone #

1/23/06 954-946-1106