2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # 367682** 1. Entity Name 04-25-2005 90235 032 ***150.00 ALMAR-INCOR OF FLORIDA, INC. Principal Place of Business Mailing Address 1001 N.W. 58TH CT. FT. LAUDERDALE FL 33309 1001 N.W. 58TH CT. FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address P.O. Box 250642 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 59-1288556 Franklin, Michigan Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 48025 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 🕅 Delete Director TITLE TITLE X Change ☐ Addition FRUMAN, DOROTHY NAME NAME Dorothy Fruman 4350 HILLCREST, #111 STREET ADDRESS STREET ADDRESS 4350 Hillcrest, #111 HOLLYWOOD FL CITY-ST-ZIP CITY-ST-7IP Hollywood, FL 33021 Change TITLE Delete TITLE ☐ Addition Director, Executive VP and FRUMAN, LEE NAME NAME Secretary 24670 S. CROMWELL STREET ADDRESS STREET ADDRESS Lee Fruman, 24670 S. Cromwell, Franklin. CITY-ST-ZIP FRANKLIN MI CITY-ST-ZIP Michigan 48025 TITLE ☐ Change Delete NAME FRIED, DAVID M. NAME STREET ADDRESS STREET ADDRESS 42400 GRAND RIVER AVENUE CITY-ST-ZIP NOVI MI 48375 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete GARRIS, RON NAME NAME 6455 KINGSLEY STREET ADDRESS STREET ADDRESS DEARBORN MI 48126 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Director, President and Change X Addition NAME NAME Treasurer STREET ADDRESS STREET ADDRESS Dale Fruman, 3002 Hillcrest Drive CITY-ST-ZIP CITY-ST-ZIP Export, PA 15632 TITLE ☐ Delete TITLE Vice President, Assistant NAME NAME Treasurer and Assistant Secretary STREET ADDRESS STREET ADDRESS Marcy Fruman Kaye, 32259 Scenic Lane, CITY-ST-ZIP CITY-ST-ZIP

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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.

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