

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # 367682

1. Entity Name
ALMAR-INCOR OF FLORIDA, INC.



Principal Place of Business
**1001 N.W. 58TH CT.
FT. LAUDERDALE, FL 33309**

Mailing Address
**P.O. BOX 250642
FRANKLIN, MI 48025**



01272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1288556

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRUMAN, DOROTHY
STREET ADDRESS	4350 HILLCREST, #111
CITY-STATE-ZIP	HOLLYWOOD, FL
TITLE	DVPS
NAME	FRUMAN, LEE
STREET ADDRESS	24670 S. CROMWELL
CITY-STATE-ZIP	FRANKLIN, MI 48025
TITLE	DPT
NAME	FRUMAN, DALE
STREET ADDRESS	3002 HILLCREST DRIVE
CITY-STATE-ZIP	EXPORT, PA 15632
TITLE	VAST
NAME	FRUMAN KAYE, MARCY
STREET ADDRESS	32259 SCENIC LANE
CITY-STATE-ZIP	FRANKLIN, MI 48025
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000724280
05/02/07-80104-020 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Marcia Vast
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 07 248 8652999
Date Daytime Phone #