



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**


<b>DOCUMENT # 367682</b> 1. Entity Name <b>ALMAR-INCOR OF FLORIDA, INC.</b>	
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Principal Place of Business <b>1001 N.W. 58TH CT. FT. LAUDERDALE, FL 33309</b>	Mailing Address <b>P.O. BOX 250642 FRANKLIN, MI 48025</b>
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04122008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1288556</b>	Applied For Not Applicable
5. Certificate of Status Desired 	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000904709</b> <b>05/01/08-R0023-019 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRUMAN, DOROTHY 4350 HILLCREST, #111 HOLLYWOOD, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS FRUMAN, LEE 24670 S. CROMWELL FRANKLIN, MI 48025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT FRUMAN, DALE 3002 HILLCREST DRIVE EXPORT, PA 15632</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAST FRUMAN KAYE, MARCY 32259 SCENIC LANE FRANKLIN, MI 48025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**  **4/12/08** **248-865-2999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #