


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 384398**  
1. Entity Name  
PEMAR INSURANCE AGENCY, INC.



Principal Place of Business      Mailing Address  
3027 N.W. 7TH STREET      3027 N.W. 7TH STREET  
MIAMI, FL 33125      MIAMI, FL 33125

**DO NOT WRITE IN THIS SPACE**



04112005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-1382504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
COMAS, JULIO  
2821 SW 130 AVE  
MIAMI, FL

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

00000307220  
04/15/05-80042-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMAS, MERIDA 2821 SW 130 AVE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COMAS, JULIO J. 2821 SW 130 MIAMI, FL 33175
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 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: *Merida Comas*      Date: 4/7/2005      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR