

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 486246

1. Entity Name
TOMAR CORP.



FILED
Mar 26, 2004 08:00 AM
Secretary of State

Principal Place of Business

22414 CYPRESS WOOD LANE
BOCA RATON, FL 33428 US

Mailing Address

9850 SANDALFOOT BLVD. #468
BOCA RATON, FL 33428



01242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1627998

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUILIANO, MARIE
22414 CYPRESS WOOD LANE
BOCA RATON, FL 33428

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000096819
03/26/04-80014-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	GUILIANO, MARIE
STREET ADDRESS	22414 CYPRESS WOOD LANE
CITY- ST- ZIP	BOCA RATON, FL 33428
TITLE	V
NAME	GUILIANO, ANTHONY
STREET ADDRESS	19593 LIBERTY RD.
CITY- ST- ZIP	BOCA RATON, FL
TITLE	P
NAME	GUILIANO, ANTONIO
STREET ADDRESS	22414 CYPRESS WOOD LANE
CITY- ST- ZIP	BOCA RATON, FL 33428
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 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marie Guiliano **MARIE GUILIANO SECRETREAS.** 3/26/04 561-479-3511