

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90023 019 \*\*\*150.00

**DOCUMENT # 486246**

1. Entity Name  
**TOMAR CORP.**



Principal Place of Business  
**22414 CYPRESS WOOD LANE  
BOCA RATON, FL 33428 US**

Mailing Address  
**9850 SANDALFOOT BLVD. #468  
BOCA RATON, FL 33428**



2. Principal Place of Business  
**18710 GARBO TERR.**

3. Mailing Address  
**9850 SANDALFOOT BLVD. #**

01062005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.  
**#8**

Suite, Apt. #, etc.  
**#468**

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON, FL**

4. FEI Number  
**59-1627998**

Applied For  
Not Applicable

Zip  
**33496**

Country USA  
**PACIFIC BEACH**

Zip  
**33428**

Country  
**USA**

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**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**18710 GARBO TERR. #8**

City **BOCA RATON**

**FL**

Zip Code  
**33496**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**ST  
GUILIANO, MARIE  
22414 CYPRESS WOOD LANE  
BOCA RATON, FL 33428** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**V  
GUILIANO, ANTHONY  
19593 LIBERTY RD.  
BOCA RATON, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**P  
GUILIANO, ANTONIO  
22414 CYPRESS WOOD LANE  
BOCA RATON, FL 33428** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**ST  
GUILIANO, MARIE  
18710 GARBO TERR. #8  
BOCA RATON, FL 33496** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**GUILIANO, ANTONIO  
18710 GARBO TERR. #8  
BOCA RATON, FL 33496** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**0** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

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:**

**MARIE GUILIANO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**561-479-3511**

Date

Daytime Phone #