


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. #

Suite, Apt. #, etc.
#8

Suite, Apt. #, etc.
#468

01062005 Chg-P CR2E034 (10/03)

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
59-1627998

Applied For
 Not Applicable

Zip
33496

Country
USA

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 _____ DATE _____
Signature, typed or printed name of registered agent and title 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**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUILIANO, MARIE 22414 CYPRESS WOOD LANE BOCA RATON, FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUILIANO, ANTHONY 19593 LIBERTY RD. BOCA RATON, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUILIANO, ANTONIO 22414 CYPRESS WOOD LANE BOCA RATON, FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUILIANO, ANTONIO 18710 GARBO TERR #8 BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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* **MARIE GUILIANO** **561-479-3511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #