


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # 486246 1. Entity Name TOMAR CORP.	
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Principal Place of Business 18710 GARBO TERR # 8 BOCA RATON, FL 33496 US	Mailing Address 9850 SANDALFOOT BLVD # 468 BOCA RATON, FL 33428
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01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1627998	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUILIANO, MARIE
18710 GARBO TERR
8
BOCA RATON, FL 33496

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 18710 GARBO TERR #8 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUILIANO, ANTHONY 19593 LIBERTY RD. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUILIANO, ANTONIO 18710 GARBO TERR #8 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/19/06-80036-015 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marie Guiliano* **Marie Guiliano** *SECRET* *1/17/06* *561-479-5*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #