

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 522537 1. Entity Name TERRAMAR FLORIDA FORWARDERS, INC.	
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Principal Place of Business 10880 NW 27TH STREET SUITE 200 MIAMI, FL 33172	Mailing Address 10880 NW 27TH STREET SUITE 200 MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1621993	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GERMI, ALI A. 10880 NW 27TH STREET SUITE 200 MIAMI, FL 33172
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**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.

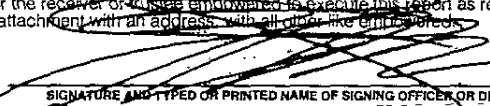
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	000000048852 02/12/04-80097-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GERMI, ALI 10880 NW 27TH ST STE 200 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GERMI, LARRY 10880 NW 27TH ST STE 200 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERMI, PAULINE 10880 NW 27TH ST STE 200 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 entities.

SIGNATURE:  **01/06/04** **305-591-8380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #