2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 568685

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

BOCA RATON, FL

BRAMNICK, HINDA

48 E. ROYAL PALM RD

BOCA RATON, FL 33432

() Delete

FILED Apr 16, 2009 Secretary of State

Entity Name: BOMAR REALTY, INC. **Current Principal Place of Business: New Principal Place of Business:** 48 EAST ROYAL PALM ROAD BOCA RATON, FL 33432 **Current Mailing Address: New Mailing Address:** 48 EAST ROYAL PALM ROAD BOCA RATON, FL 33432 FEI Number: 59-1816924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBINSON, MORRIS 48 EAST RÓYAL PALM ROAD BOCA RATON, FL 33432 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: (X) Change () Addition ROBINSON, MORRIS ROBINSON, MORRIS Name: Name: 48 EAST ROYAL PALM RD 48 EAST ROYAL PALM RD Address: Address: City-St-Zip: BOCA RATON, FL City-St-Zip: BOCA RATON, FL 33432 Title: Title: () Delete AS (X) Change () Addition SPENARD, JEANNE Name: Name: SPENARD, JEANNE 48 E ROYAL PALM RD 48 E ROYAL PALM RD Address: Address: BOCA RATON, FL BOCA RATON, FL 33432 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: ROBINSON, PHYLLIS ROBINSON, PHYLLIS Name: Name: 48 EAST ROYAL PALM RD 48 EAST ROYAL PALM RD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

BOCA RATON, FL 33432

() Change () Addition

SIGNATURE: MORRIS ROBINSON PSTD 04/16/2009