

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 591015					
1. Entity Name HIMAR ENTERPRISES, INC.					
Principal Place of Business 2901 N.W. 107 AVE. CORAL SPRINGS FL 33065			Mailing Address 2901 N.W. 107 AVE. CORAL SPRINGS FL 33065		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MARTIN, HENRY 2901 N.W. 107TH. AVE. CORAL SPRINGS FL 33065				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.					

1st MOORE CR2E034 (10/05)

4. FEI Number **59-1860259** Applied For Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	MARTIN, IRENE			NAME			
STREET ADDRESS	2901 NW 107 AVENUE			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			CITY-ST-ZIP	U00000489138 04/18/06-80003-022 150.00		
TITLE	STD	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	MARTIN, HENRY			NAME			
STREET ADDRESS	2901 NW 107 AVENUE			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
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STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Henry Martin

HENRY MARTIN

4/1/06

954-752 9070