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Daytime Phone #

2004 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNUAL	REPORT		įį				
1. Entity Nam	MENT # 624291 R & associates, corp.						ED 2 PN 12: 10	
Principal Place of Business 823 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 US		Mailing Address 201 CRANDON BLVD 424 KEY BISCAYNE, FL 33149 US			TALLAHASS	Y OF STATE SEE, FLORIDA	ISIIADI II INAI	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232004	See A	CR2E034 (10/03)	1	
City & State		City & State		4. FEI Numb 59-193		├	pplied For lot Applicable	
Zip	Country	Zip	Count	ry		of Status Desired	□ \$8.75 Ac	ditional
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New R	egistered Agent	
DETAMAG	, (LIENDY)			Name				
RETAMAR, (HENRY) 201 CRANDON BLVD APT 424				Street Address (P.O. Box Number is Not Acceptable)				
KEY BISC	AYNE, FL 33149							
			Ī	City			FL Zip Co	de
SIGNATURE_	Signature, typed or printed name of registered agent a	9. Election Campaig	gn Finan		.00 May Be		DATE	
After Ma	ay 1, 2004 Fee will be \$550.0	Trust Fund Contri	ibution.	Li Add	led to Fees		,	
110. (2) TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I PTD RETAMAR, HENRY 201 CRANDON BLVD APT 424 KEY BISCAYNE, FL 33149	DIRECTORS Delete					ICERS AND DIRECTOR Charge Charge 3-003 **15	T Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ET ADDRESS ST-ZIP		***************************************	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete			1 13	•	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	T ADDRESS ST-ZIP			☐ Change	Addition
12. I hereby of indicated of the corphanced	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attackment with an address v	this filing does not qualify for true and accurate and that m wered to execute this report a with all other like empowered	the exen ly signati as requir	nption stated in Seure shall have the ed by Chapter 60	ection 119.07(3) same legal effec 7, Florida Statute	(i), Florida Statutes. Et as if made under d es; and that my name	further certify that the path; that I am an office appears in Block 10 c	information er or director or Block 11 if





Division of Corporations

Annual Report

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Document Number
624291
Business Entity Name
RETAMAR & ASSOCIATES, CORP.

	FEI Number	591935017			
	FEI Number Status	O Applied For O Not Applicable Current			
	Certificate of Status De	sired C Yes 6 No			
	Pr	incipal Place of Business			
	Address	823 E. HILLSBORO BLVD.			
	Suite, Apt. #, etc.				
	City, State	DEERFIELD BEACH , FL			
	Zip Code & Country	33441 US			
		N.C. 21: A 1.1			
		Mailing Address			
	Address	201 CRANDON BLVD			
	Suite, Apt. #, etc.	424			
	City, State	KEY BISCAYNE , FL			
	Zip Code & Country	33149 US			
	Name A	ud Adduses of Desistant d Asset			
		nd Address of Registered Agent			
	Name (Last, First, Middle, Title) ,,,,			
	-or- RA Business Name	RETAMAR, (HENRY)			
Address		201 CRANDON BLVD			
	Suite, Apt. #, etc.	APT 424			
	City, State	KEY BISCAYNE , FL			
	Zip Code & Country	33149 US			
TC TO	and American Annual (DAN)	and the second A second to the			
II K	legistered Agent (KA) is cha	nged, the new RA must type their name in the 'Registered			

Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

own RA.

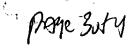
Registered Agent Signature

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	e the second sec	1/3/01/0
	City, State	
	Zip Code & Country	
	Title	
	Name (Last, First, Middle, Title)	
	-or- Entity Name	
	Street Address	
	City, State	
	Zip Code & Country	
	Title.	·
	Name (Last, First, Middle, Title),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	-or- Entity Name	
	Street Address	
	City, State ,	
	Zip Code & Country	
	An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.	
7	Title PM	
Ē	Officer/Director Signature	
	Continue	· ·

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Document Number
624291
Business Entity Name
RETAMAR & ASSOCIATES, CORP.

Election Campaign Financing Trust Fund Contribution C Yes • No

Officer/Director Name And Address Title PTD Name (Last, First, Middle, Title) RETAMAR, HENRY -or- Entity Name Street Address 201 CRANDON BLVD APT 424 City, State KEY BISCAYNE Zip Code & Country 33149 Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State Zip Code & Country Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State Zip Code & Country Title Name (Last, First, Middle, Title) -or- Entity Name Street Address