

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90026 021 ***150.00

DOCUMENT # G24288

1. Entity Name

CHRIST-MAR, INC.



Principal Place of Business

% NERIDA VALDES
6991 W 14TH CT.
HIALEAH FL 33014-4517

Mailing Address

% NERIDA VALDES
6991 W 14TH CT.
HIALEAH FL 33014-4517

2. Principal Place of Business

Christ-Mar, Inc.
Suite, Apt. #, etc.

3. Mailing Address

7031 W. 14th Ct.
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

Hialeah, FL

Zip

33014

Country

USA

City & State

Hialeah, FL

Zip

33014

Country

USA

4. FEI Number

59-2268383

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES, ENRIQUE
6991 W 14TH CT.
HIALEAH FL 33014

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.

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	VALDES, LEONCIO	
STREET ADDRESS	17471 SW 12 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	PT	<input type="checkbox"/> Delete
NAME	VALDES, ENRIQUE F.	
STREET ADDRESS	7116 W 14 CT HIALEAH	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VALDES, JORGE	
STREET ADDRESS	9731 MILL POND DR	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nerida Valdes	
STREET ADDRESS	17471 S.W 125th	
CITY-ST-ZIP	Pembroke Pines FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-08-04 (305) 823-6615