


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 08:00**  
**Secretary of State**

<b>DOCUMENT # G24288</b> 1. Entity Name CHRIST-MAR, INC.	
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Principal Place of Business CHRIST-MAR INC. HIALEAH, FL 33014	Mailing Address 7031 W 14TH CT. HIALEAH, FL 33014
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DO NOT WRITE IN THIS SPACE



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2268383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000865886 04/08/08-80005-024 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDES, LEONCIO 17471 SW 12 ST PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VALDES, ENRIQUE F. 2241 SE 17TH AVE HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALDES, JORGE 9731 MILL POND DR MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, NERIDA 17471 SW 12 ST. HOLLYWOOD, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **3/18/08** **(305) 823-6515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR