

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G24288

Entity Name: CHRIST-MAR, INC.

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

CHRIST-MAR INC.  
HIALEAH, FL 33014

## New Principal Place of Business:

## Current Mailing Address:

7031 W 14TH CT.  
HIALEAH, FL 33014

## New Mailing Address:

FEI Number: 59-2268383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Title: SD ( ) Delete  
Name: VALDES, LEONCIO  
Address: 17471 SW 12 ST  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: PT ( ) Delete  
Name: VALDES, ENRIQUE F.  
Address: 2241 SE 17TH AVE  
City-St-Zip: HOMESTEAD, FL 33035

Title: TD ( ) Delete  
Name: VALDES, JORGE  
Address: 9731 MILL POND DR  
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete  
Name: VALDES, NERIDA  
Address: 17471 SW 12 ST.  
City-St-Zip: HOLLYWOOD, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: NERIDA VALDES

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date