


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # H21118																										
1. Entity Name CAMAR ENTERPRISES, INC.																										
Principal Place of Business 6541-3 POWERS AVE. JACKSONVILLE FL 32217		Mailing Address 6541-3 POWERS AVE. JACKSONVILLE FL 32217																								
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		7. Name and Address of New Registered Agent																								
MARTINEZ, ELISEO 6541 POWERS AVENUE JACKSONVILLE FL 32217		Name																								
		Street Address (P.O. Box Number is Not Acceptable)																								
		City	Zip Code																							
		FL																								
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 _____		DATE _____																								
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)																								
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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 #