


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90060 028 \*\*\*150.00

<b>DOCUMENT # L33389</b>	
1. Entity Name CARHAR CORPORATION	

Principal Place of Business 8188 WILES ROAD CORAL SPRINGS, FL 33067-2041	Mailing Address 8188 WILES ROAD CORAL SPRINGS, FL 33067-2041
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24051073

2. Principal Place of Business	3. Mailing Address 11500 - NW 42nd St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State SUNRISE, FL
Zip	Zip 33323
Country	Country FLORIDA



04192004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0157462	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLEISHMAN, ALAN 8188 WILES ROAD CORAL SPRINGS, FL 33433	7. Name and Address of New Registered Agent Name FLEISHMAN, MARVIN Street Address (P.O. Box Number is Not Acceptable) 11500 NW 42nd St City SUNRISE, FL Zip Code 33323
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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 Marvin Fleishman DATE 4/19/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLEISHMAN, ALAN 8188 WILES ROAD CORAL SPRINGS, FL 33067 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLEISHMAN, MARVIN 8188 WILES ROAD CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. FLEISHMAN, MARVIN 11500 NW 42nd St SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: MARVIN FLEISHMAN - Marvin Fleishman DATE 4/19/04 (954) 748-1723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR