

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90313 041 \*\*\*150.00

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01182005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # L33389</b> 1. Entity Name <b>CARHAR CORPORATION</b>					
Principal Place of Business <b>8188 WILES ROAD CORAL SPRINGS, FL 33067-2041</b>			Mailing Address <b>11500 NW 42ND ST. SUNRISE, FL 33323</b>		
2. Principal Place of Business <b>343 NW Shoreline Road</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>343 NW Shoreline Road</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Port St. Lucie, FL</b> Zip <b>34986</b>		City & State <b>Port St. Lucie, FL</b> Zip <b>34986</b>		4. FEI Number <b>65-0157462</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FLEISHMAN, MARVIN 11500 NW 42ND ST. SUNRISE, FL 33323</b>			7. Name and Address of New Registered Agent Name <b>Fleishman, Marvin</b> Street Address (P.O. Box Number is Not Acceptable) <b>343 NW Shoreline Road</b> City <b>Port St. Lucie</b> <b>FL</b> Zip Code <b>34986</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST FLEISHMAN, MARVIN 11500 NW 42ND ST. SUNRISE, FL 33323</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST Fleishman, Marvin 343 NW Shoreline Road Port St Lucie, FL. 34986</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <b>Marvin Fleishman</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/28/05</b> <b>(772) 621-8679</b> <small>Date Daytime Phone #</small>		