


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L96550 1. Entity Name BEMAR INC.	
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Principal Place of Business 7415 N.W. 54TH ST. MIAMI, FL 33166	Mailing Address 7415 N.W. 54TH ST. MIAMI, FL 33166
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FILED
 04 APR 30 PM 4:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04292004	No Chg-P	CR2E034 (10/03)
4. FEI Number 65-0945610	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ACUNA, EMERALDA
 9018 NW 152 LN.
 MIAMI, FL 33018

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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 _____

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fee

00035820709
 03/10/04--01072--015 **150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ACUNA, EMERALDA
STREET ADDRESS	9018 NW 152 LN.
CITY-ST-ZIP	MIAMI, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  Date 4/29/04 Days/Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR