

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90163 040 ***150.00

DOCUMENT # P0000054465 1. Entity Name BORDAMAR ENTERPRISES, CORPORATION			
Principal Place of Business 16180 SOUTH POST RD 302 WESTON, FL 33331		Mailing Address 16180 SOUTH POST RD 302 WESTON, FL 33331	
2. Principal Place of Business 4132 Pine Ridge Ln		3. Mailing Address 4132 Pine Ridge Ln	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Weston FL		City & State Weston FL	
Zip 33331		Zip 33331	
4. FEI Number 65-1014069		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 BORDA, JAIME A JR. 16421 BLATT BLVD. #104 FORT LAUDERDALE, FL 33326		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 3/7/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	
TITLE PD NAME BORDA, JAIME A STREET ADDRESS 16421 BLATT BLVD., #104 CITY-ST-ZIP FORT LAUDERDALE, FL 33326	<input type="checkbox"/> Delete	TITLE PD BORDA JAIME NAME 4132 PINE RIDGE LN STREET ADDRESS WESTON FL 33331 CITY-ST-ZIP WESTON FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME DEBORDA, LUCY CALDAS STREET ADDRESS 16421 BLATT BLVD., #104 CITY-ST-ZIP FORT LAUDERDALE, FL 33326	<input type="checkbox"/> Delete	TITLE TD BORDA LUCY NAME 4132 PINE RIDGE LN STREET ADDRESS WESTON FL 33331 CITY-ST-ZIP WESTON FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME BORDA, JAIME A JR STREET ADDRESS 16421 BLATT BLVD., #104 CITY-ST-ZIP FORT LAUDERDALE, FL 33326	<input type="checkbox"/> Delete	TITLE VD BORDA JAIME JR NAME 4132 PINE RIDGE LN STREET ADDRESS WESTON FL 33331 CITY-ST-ZIP WESTON FL 33331	<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
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 exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 3/7/06 Daytime Phone # (954) 217-2509	