

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90026 030 ***150.00

DOCUMENT # P00000058318

1. Entity Name
MIAMAR MANAGEMENT CORPORATION



Principal Place of Business
**1100 LINTON BLVD, STE C-9
DELRAY BEACH, FL 33444**

Mailing Address
**1100 LINTON BLVD, STE C-9
DELRAY BEACH, FL 33444**

94035021



01212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

1001 E Atlantic Ave.

Suite, Apt. #, etc.

Suite 202

City & State

Delray Beach, FL

Zip

33483

Country

US

3. Mailing Address

1000 Market Street

Suite, Apt. #, etc.

Suite 300

City & State

Portsmouth, NH

Zip

03801

Country

US

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WALSH, MICHAEL**
STREET ADDRESS **1100 LINTON BLVD, STE C-9**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE ☒ Change ☐ Addition
NAME **1001 E Atlantic Ave**
STREET ADDRESS **Delray Beach, FL 33483**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WALSH, MARK**
STREET ADDRESS **1100 LINTON BLVD, STE C-9**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE ☒ Change ☐ Addition
NAME **1001 E Atlantic Ave**
STREET ADDRESS **Delray Beach, FL 33483**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WALSH, WILLIAM**
STREET ADDRESS **1100 LINTON BLVD, STE C-9**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE ☒ Change ☐ Addition
NAME **1000 Market Street**
STREET ADDRESS **Portsmouth, NH 03801**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #