2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 24, 2004 8:00 am Secretary of State 06-04-2004 90003 041 ***150.00

1. Entity Name								
HELMARC	C CORPORATION							
Principal Place	of Business	Mailing Address	No William	_				
•			3708 NW 18TH STREET		~~4~~~			
PEMBROKE PINES, FL 33028		PEMBROKE PINES, FL 33028			66428962			
	- 1		· .					
2. Principal Place of Business		3. Mailing Address				 	UTOK DINIBED EL 1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03272003	Chg-P	CR2E034 (10	/03)	
City & State		City & State		4. F£l Numbe 65-1022			Applied For Not Applicable	
Zip	Country	Zip	Country		of Status Desired		Additional quired	
	6. Name and Address of Curre	ent Registered Agent		7. Name and	Address of New F			
CASTIBLANCO, JESUS HELCIAS				Name				
13708 NW	18 STREET E PINES, FL 33313	هوریناه ۱۳۰۰ تا ۱۳۵۵ بره دین مغیبیتنان ۱ ۰۰ بسید ا	Street Addr	ess (P.O. Box Numbe	is Not Acceptable)	· - · - · · · · · · · · · · · · · · · ·	
LEMBICON	EFINES, LE 00015							
	i.		City			FL Zip	Code	
	named entity submits this statemer ions of registered agent.	nt for the purpose of changing	its registered office or re-	gistered agent, or bot	h, in the State of Flo	orida. I am familia:	with, and accept	
SIGNATURE_								
	Signature, typed or printed name of registered a	gent and title if soplicable. (N	OTE: Registered Agont signature r	oquis ed when rainstating)		OATE	<u> </u>	
FII Di	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Came Trust Fund Co		\$5.00 May Be Added to Fees	In accordance corporation did	with s. 607.193(2 not receive the p)(b), F.S., the prior notice.	
10	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/	CHANGES TO OF	ICERS AND DIRE		
TITLE.	P CASTIBLANCO, JESUS HELO	CIAS [©]	TITLE NAME			□ CI	ange 🔲 Additio	
STREET ADDRESS	13708 NW 18TH STREET PEMBROKE PINES, FL 3302	· •	STREET ADDRESS CITY-ST-ZIP				•	
TITLE	S S	Delete	TUTE			□ CI	ange Additio	
NAME	VARGAS LEAL, MARTHA ED	DY	NAME					
STREET ADDRESS City-St-Zip	13708 NW 18TH STREET PEMBROKE PINES, FL 3302	DR.	STREET ADDRESS CITY-ST-ZIP					
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NAME	# * 		NAME					
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STREET ADDRESS			STREET ADORESS					
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP			·	 	
	certify that the information supplied	with this filing does not qualify	for the exemption stated	a rha sama landi offac	i), Florida Statutes.	I further certify that	t the information	
indicated.		ort is true and accurate and the	at my signature shall have	A file ocupe recion cher	I Re II MAGE DUGEL	oaun; mariam an a	SHIPEL OF CHIECTOR	
indicated:	poration or the receiver or trustee e , or on an attachment with an addge	ort is true and accurate and the empowered to execute this rep ess, with all-other like empower	at my signature shall have ort as required by Chapte ed.	er 607, Florida Statute	s; and that my nan	e appears in Bloci	k 10 or Block 11 if	
indicated:	poration or the receiver or trusted e , or on an attachment with an added	of is true and accurate and in empowered to execute this rep ess with all other like empower	ort as required by Chapte ed.	er 607, Florida Statule	s; and that my nam	ne appears in Bloci	10 or Block 11 i.	