

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90041 047 ***150.00

DOCUMENT # P00000085953

1. Entity Name
BILLYMAR ENTERPRISE, INC.



Principal Place of Business

10920 W. FLAGLER ST., #216
MIAMI, FL 33174

Mailing Address

11462 SW 40 TERRACE
MIAMI, FL 33165



03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1040072

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, MARIA E
~~11462 SW 40 TERRACE~~
~~MIAMI, FL 33165~~

10920 W. FLAGLER ST., #216
MIAMI, FL 33174

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IN THIS SPACE**

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MARTINEZ, MARIA E
STREET ADDRESS	10920 W Flagler St
CITY-ST-ZIP	11462 SW 40 TERRACE # 216
	MIAMI, FL 33165 33174
TITLE	DV
NAME	MARTINEZ, HIGINIO L
STREET ADDRESS	10920 W. Flagler St
CITY-ST-ZIP	MIAMI, FL 33165 33174 # 216
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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IN THIS SPACE**

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: Higinio L. Martinez V.P. 3/25/08 305-222-8699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #