

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000110123 1. Entity Name LAMARC, INC.					
Principal Place of Business 7061C S TAMiami TRAIL SARASOTA, FL 34231-5559			Mailing Address 7061C S TAMiami TRAIL SARASOTA, FL 34231-5559		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1062005	
5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LES GARDI CPA 7061 S TAMiami TRAIL SARASOTA, FL 34231-5559			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 _____ (NOTE: Registered Agent signature required when reconstituting)					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD VARGA, TOMAS 116 VAN DYCK DR. NOKOMIS, FL 34275	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7061 C S. Tamiami Trail Sarasota FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VARGA, MARTIN 416 VAN DYCK DR. NOKOMIS, FL 34275	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7061 C S. Tamiami Trail Sarasota FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VARGA, LADISLAV 416 VAN DYCK DR. NOKOMIS, FL 34275	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7061 C S Tamiami Trail Sarasota FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LES GARDI 7061 C S Tamiami Trail Sarasota FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 reports 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: _____			Tomas Varga 5/29/04 941 925-2099		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment

P00000110123
54056638

Lamarc
Lingerie - Dessous



Florida Department of State
Division of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

May 24, 2004

Dear Department of State

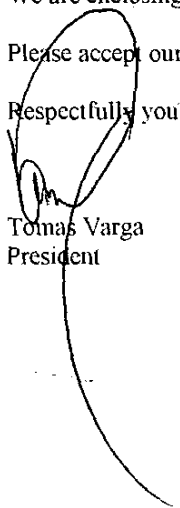
Due to a move of our business location, we did not receive the annual report until yesterday.

We respectfully request an abatement of the \$400 late fee due to the mail forwarding problem.

We are enclosing our registered agent's check in the amount of \$ 158.75 immediately.

Please accept our request.

Respectfully yours;


Tomas Varga
President

P00000110123

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WWW.LAMARCSTYLE.COM