

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000038395

1. Entity Name  
EDMAR ENTERPRISES, CORPORATION



Principal Place of Business  
261 COSTANERA ROAD  
CORAL GABLES, FL 33143

Mailing Address  
261 COSTANERA ROAD  
CORAL GABLES, FL 33143

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1096109	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICKLAUS, EDWARD R  
261 COSTANERA ROAD  
CORAL GABLES, FL 33143

**DO NOT WRITE  
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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD  
NAME: NICKLAUS, EDWARD R  
STREET ADDRESS: 261 COSTANERA ROAD  
CITY-ST-ZIP: CORAL GABLES, FL 33143

TITLE: VPTD  
NAME: NICKLAUS, MARIA L  
STREET ADDRESS: 261 COSTANERA ROAD  
CITY-ST-ZIP: CORAL GABLES, FL 33143

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

000000177729  
01/11/05-80060-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Maria L. Nicklaus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-05 305.460.9288  
Date Daytime Phone #