

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 18, 2005 8:00 am
Secretary of State

06-13-2005 90004 028 ***150.00
07-18-2005 90048 025 ***400.00

50055876



05062005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000048438			
1. Entity Name COEMAR USA, INC.			
Principal Place of Business 3000 SW 42ND STREET FORT LAUDERDALE, FL 33312		Mailing Address 3000 SW 42ND STREET FORT LAUDERDALE, FL 33312	
2. Principal Place of Business 10360 NW 53rd Street		3. Mailing Address 210 West Parkway	
Suite, Apt. #, etc. 4		Suite, Apt. #, etc. 4	
City & State SUNRISE FL		City & State Pompton Plains NJ	
Zip 33301	Country United States	Zip 07444	Country US
4. FEI Number 54-2038235		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. ONE BISCAYNE TOWER, SUITE 3400 2 SOUTH BISCAYNE BLVD. MIAMI, FL 33131-1897		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 <u><i>Michael Schmitt</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P TOCCHIO, CESARE 3000 SW 42ND STREET HOLLYWOOD, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Toocchio, CESARE 10360 NW 53rd St Sunrise FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUANDT, MIKE 3000 SW 42 STREET HOLLYWOOD, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Michael Schmitt 210 W. PARKWAY UNIT 4 POMPTON PLAINS NJ 07444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u><i>Michael Schmitt</i></u>		Date 9/18/06 6293	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	