

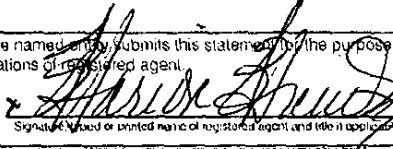
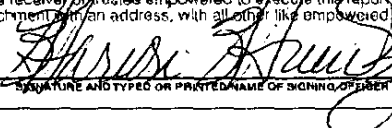
Apr 29 03 03:24p

Thomas A Lopez CPA

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90713 045 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000058226			
1. Entity Name ALMARI INC.			
Principal Place of Business 1093 N. COLLIER BLVD., #332 MARCO ISLAND FL 34145		Mailing Address 1093 N. COLLIER BLVD., #332 MARCO ISLAND FL 34145	
2. Principal Place of Business 960 No. Collier Blvd #1 Suite, Apt. #, etc.		3. Mailing Address 960 No. Collier Blvd #1 Suite, Apt. #, etc.	
City & State Marco Island FL		City & State Marco Island FL	
Zip 34145 Country		Zip 34145 Country	
4. FEI Number 59-3757873		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREUSEL, JAMIE 1104 N COLLIER BLVD MARCO ISLAND FL 34145		7. Name and Address of New Registered Agent Name: MARION MUNOZ Street Address (P.O. Box Number is Not Acceptable): 960 No. Collier Blvd Ste #1 City: Marco Island City: FL Zip Code: 34145	
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:  DATE: 4/29/03 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		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	D MUNOZ, MARION 1093 N. COLLIER BLVD., #332 MARCO ISLAND FL 34145 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFONSO, ANA 6105 S.W. 107 AVE. MIAMI FL 33173 ☐ 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
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 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 to my address, with all other like empowered. SIGNATURE:  DATE: 4/29/03 404-1881 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

11039106

☐ CHECK HERE IF MAKING CHANGES

CR02034 (10/02)