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.

11039106

Principal Place of Business	Mailing Address
1083 N. COLLIER BLVD., #332 MARCO ISLAND FL 34145	1083 N. COLLIER BLVD., #332 MARCO ISLAND FL 34145

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
960 No. Collier Blvd #1	960 No Collier Blvd #1
Suite, Apt. #, etc.	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	7. Name and Address of New Registered Agent
GREUSEL, JAMIE 1104 N COLLIER BLVD MARCO ISLAND FL 34145	Name: Marion Munoz Street Address (P.O. Box Number is Not Acceptable): 960 No. Collier Blvd Ste #1 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 x [signature] DATE 4/29/03
Signature, typed or printed name of registered agent and title if applicable (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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MUNOZ, MARION	NAME	
STREET ADDRESS	1083 N. COLLIER BLVD., #332	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALFONSO, ANA	NAME	
STREET ADDRESS	6105 S.W. 107 AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: x [signature] 4/29/03 239 404-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #