2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000085618

1. Entity Name
LEMAR DESIGNERS CORP.

Principal Place of Business	Mailing Address
3829 SW 169TH TERRACE MIRAMA R, FL 33027	3829 SW 169TH TERRACE MIRAMA R, FL 33027

DO NOT WRITE IN THIS SPACE

09082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1152333

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TURRIAGO, HENRY O
3829 SW 169TH TERRACE
MIRAMA R, FL 33027

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7. 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.

UUUU00172245
09/14/04-80002-003 158.75

SIGNATURE _____ DATE
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS
TITLE	PT
NAME	TURRIAGO, HENRY O
STREET ADDRESS	3829 SW 169TH TERRACE
CITY-ST-ZIP	MIRAMA R, FL 33027
TITLE	VS
NAME	SOTOAGUILAR, FABIOLA
STREET ADDRESS	3829 SW 169TH TERRACE
CITY-ST-ZIP	MIRAMA R, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: _____ 9-8-2004
SIGNATURE OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #