

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90228 026 ***150.00

DOCUMENT # P01000099759

1. Entity Name
LEMAR SERVICE, CORP.



Principal Place of Business

7060 NW 177 ST.
#210
MIAMI, FL 33015

Mailing Address

7060 NW 177 ST.
#210
MIAMI, FL 33015

14010660



2. Principal Place of Business

3. Mailing Address

04262004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1143610

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOEL GAZZOLO, MARIA
17560 ATLANTIC BLVD. #2 APT. 515
MIAMI, FL 33160

7. Name and Address of New Registered Agent

Name **Noel Gazzolo, Maria**

Street Address (P.O. Box Number is Not Acceptable)
7060 NW 177 ST #210

City **Miami**

FL

Zip Code
33015

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **GAZZOLO, MARIA NOEL**
STREET ADDRESS **17560 ATLANTIC BLVD. #2 APT. 515**
CITY-ST-ZIP **MIAMI, FL 33160**

TITLE **P** ☐ Delete
NAME **TONNA, LEONARDO**
STREET ADDRESS **17560 ATLANTIC BLVD. #2 APT. 515**
CITY-ST-ZIP **MIAMI, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
NAME **Gazzolo, Maria Noel**
STREET ADDRESS **7060 NW 177 ST #210**
CITY-ST-ZIP **Miami FL 33015**

TITLE **P** ☒ Change ☐ Addition
NAME **Tonna, Leonardo**
STREET ADDRESS **7060 NW 177 ST #210**
CITY-ST-ZIP **Miami FL 33015**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #