

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

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

03-18-2005 90063 031 ***150.00

20022520

% F, -, , , , 55315 F &

03052005 Chg-P CR2E034 (10/03)

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																													
2. Principal Place of Business 20049 NW 66 PL.		3. Mailing Address 20049 NW 66 PL.																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																													
City & State Miami, FL		City & State Miami, FL																													
Zip 33015	Country	Zip 33015	Country																												
4. FEI Number 65-1143610		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 NOEL GAZZOLO, MARIA 7060 NW 17752 #210 HIALEAH, FL 33015		7. Name and Address of New Registered Agent Name: TONNA, LEONARDO Street Address (P.O. Box Number is Not Acceptable) 20049 NW 66 PL 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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:</small>																															
FILE NOW!!! FEE IS \$150.00 After May.1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>GAZZOLO, MARIA NOEL</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7060 NW 177 ST #210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH, FL 33015</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	GAZZOLO, MARIA NOEL	<input checked="" type="checkbox"/>	STREET ADDRESS	7060 NW 177 ST #210		CITY-ST-ZIP	HIALEAH, FL 33015		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete																													
NAME	GAZZOLO, MARIA NOEL	<input checked="" type="checkbox"/>																													
STREET ADDRESS	7060 NW 177 ST #210																														
CITY-ST-ZIP	HIALEAH, FL 33015																														
TITLE	NAME	Change	Addition																												
NAME		<input type="checkbox"/>	<input type="checkbox"/>																												
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>TONNA, LEONARDO</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7060 NW 177 ST #210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH, FL 33015</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	TONNA, LEONARDO	<input type="checkbox"/>	STREET ADDRESS	7060 NW 177 ST #210		CITY-ST-ZIP	HIALEAH, FL 33015		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete																													
NAME	TONNA, LEONARDO	<input type="checkbox"/>																													
STREET ADDRESS	7060 NW 177 ST #210																														
CITY-ST-ZIP	HIALEAH, FL 33015																														
TITLE	NAME	Change	Addition																												
NAME		<input type="checkbox"/>	<input type="checkbox"/>																												
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete																													
NAME		<input type="checkbox"/>																													
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE	NAME	Change	Addition																												
NAME		<input type="checkbox"/>	<input type="checkbox"/>																												
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
TITLE	NAME	Delete																													
NAME		<input type="checkbox"/>																													
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE	NAME	Change	Addition																												
NAME		<input type="checkbox"/>	<input type="checkbox"/>																												
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:		03/08/05 <small>Date Daytime Phone #</small>																													