

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90244 032 ***150.00

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05012006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000099759					
1. Entity Name LEMAR SERVICE, CORP.					
Principal Place of Business 20049 NW 66 PL MIAMI, FL 33015			Mailing Address 20049 NW 66 PL MIAMI, FL 33015		
2. Principal Place of Business <i>15476 NW 77 CT</i>			3. Mailing Address <i>15476 NW 77 CT</i>		
Suite, Apt. #, etc. <i># 195</i>			Suite, Apt. #, etc. <i># 195</i>		
City & State <i>Miami Lakes, FL</i>			City & State <i>Miami Lakes, FL</i>		
Zip <i>33016</i>		Country		Zip <i>33016</i>	
Country		4. FEI Number 65-1143610			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TONNA, LEONARDO 20049 NW 66 PL HIALEAH, FL 33015			7. Name and Address of New Registered Agent Name <i>Tonna, Leonardo</i> Street Address (P.O. Box Number is Not Acceptable) <i>15476 NW 77 CT #195</i> City <i>Miami Lakes</i> FL Zip Code <i>33016</i>		
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TONNA, LEONARDO 7060 NW 177 ST #210 HIALEAH, FL 33015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tonna, Leonardo 15476 NW 77 CT #195 Miami Lakes, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____ Daytime Phone #: _____					