

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90429 030 ***150.00

DOCUMENT # P01000113943

1. Entity Name
FAMAR INC.



Principal Place of Business
**1511 SW 37 AVE
MIAMI, FL 33145**

Mailing Address
**1511 SW 37 AVE
MIAMI, FL 33145**

**3340 SW 24 ST / 33145
40060545**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112006

Chg-P

CR2E034 (11/05)

4. FEI Number
69-0004601

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARRIAZA, GILBERTO
1511 SW 37 AVE
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
ARRIAZA, GILBERTO
1511 S.W. 37 AVE
MIAMI, FL 33145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DV
ARRIAZA, GILBERTO J
1511 SW 37 AVE
MIAMI, FL 33145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
ARRIAZA, AIDA
1511 SW 37 AVE
MIAMI, FL 33145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TD
PERIS, MARIA V
1511 SW 37 AVE
MIAMI, FL 33145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ 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 and all other information empowered.

SIGNATURE:

MARIA V. PERIS 4/19/06 3056373600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date

Daytime Phone #