


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000118615 1. Entity Name CAR FRAN MAR, ENTERPRISES, INC.	
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FILED
 04 MAY -7 PM 6:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 2871 WEST 75 TERR. HIALEAH, FL 33016	Mailing Address 2871 WEST 75 TERR. HIALEAH, FL 33016
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04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1158806	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VELAZQUEZ, FRANCISCO
 2871 WEST 75 TERR.
 HIALEAH, FL 33016

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IN THIS SPACE

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 _____ (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	PD
NAME	VELAZQUEZ, FRANCISCO
STREET ADDRESS	2871 WEST 75 TERR.
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	VD
NAME	VELAZQUEZ, CARLOS
STREET ADDRESS	2871 WEST 75 TERR.
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

700036552177
 05/18/04--01053--016 **150.00

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 #