

2004 FOR PROFIT CORPORATION ANNUAL REPORT


7/15

FILED
Aug 18, 2004 8:00 am
Secretary of State

07-19-2004 90005 024 ***150.00
 08-18-2004 90006 039 *****8.75

DOCUMENT # P01000120735

1. Entity Name
ALTAMAR, INC.



Principal Place of Business Mailing Address
1223 LINCOLN RD **1223 LINCOLN RD**
MIAMI, FL 33139 **MIAMI, FL 33139**

44052162



2. Principal Place of Business 3. Mailing Address
1223 LINCOLN ROAD **1223 LINCOLN ROAD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

07152004 Chg-P- CR2E034 (10/03)

City & State City & State
MIAMI FL **MIAMI FL**
 Zip Country Zip Country
33139 U.S. **33139 U.S.**

4. FEI Number Applied For
01-0567656 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required!**

6. Name and Address of Current Registered Agent
SHERMAN, THOMAS G-ESQ.
218 AMERCIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code **33139**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CLAUDIO, GIORDANO	
STREET ADDRESS	1111 CRANDON BLVD	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **July 29, 2004** Daytime Phone #: **305-322-7936**

44052162

PU1000120735

Please note to
send the annual
report to:

ALTA MAR, Inc.
1223 LINCOLN ROAD
MIAMI, FL 33139

TRAVEL TOL.