


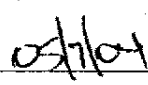


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2004 08:00 AM
Secretary of State

DOCUMENT # R02000060745																																										
1. Entity Name CEMAR INC.																																										
Principal Place of Business 12345 SW 42 ST. N/A MIAMI, FL 33175	Mailing Address 12345 SW 42 ST. N/A MIAMI, FL 33175	 03012003 No Chg-P CR2E034 (10/03) <table border="1" style="width:100%"><tr><td>4. FEI Number 22-3860233</td><td>Applied For <input checked="" type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 22-3860233	Applied For <input checked="" type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
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DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent PADRON, MARITZA C 12345 SW 42ND ST. MIAMI, FL 33175		DO NOT WRITE 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 re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																										
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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%"><tr><td style="width:15%">TITLE</td><td>P</td></tr><tr><td>NAME</td><td>PADRON, MARITZA C</td></tr><tr><td>STREET ADDRESS</td><td>12345 SW 42ND ST.</td></tr><tr><td>CITY- ST- ZIP</td><td>MIAMI, FL 33175</td></tr><tr><td>TITLE</td><td>S</td></tr><tr><td>NAME</td><td>PADRON, CESAR E</td></tr><tr><td>STREET ADDRESS</td><td>12345 SW 42ND ST.</td></tr><tr><td>CITY- ST- ZIP</td><td>MIAMI, FL 33175</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>		TITLE	P	NAME	PADRON, MARITZA C	STREET ADDRESS	12345 SW 42ND ST.	CITY- ST- ZIP	MIAMI, FL 33175	TITLE	S	NAME	PADRON, CESAR E	STREET ADDRESS	12345 SW 42ND ST.	CITY- ST- ZIP	MIAMI, FL 33175	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		U000000159768 05/11/04-80001-020 150.00 DO NOT WRITE IN THIS SPACE
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date:  Daytime Phone #: 