


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90070 021 ***150.00

DOCUMENT # P02000065451 1. Entity Name NALMAR CORPORATION																													
Principal Place of Business 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134			Mailing Address 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number 45-0495914			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Gilberto Sanchez Street Address (P.O. Box Number is Not Acceptable) 8821 SW 142 Av Ap 1813 City Miami FL Zip Code 33186																										
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> 3/18/2004 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BERNAL, REYNALDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>901 PONCE DE LEON BLVD STE 603</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	BERNAL, REYNALDO		STREET ADDRESS	901 PONCE DE LEON BLVD STE 603		CITY - ST - ZIP	CORAL GABLES, FL 33134		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/18/2004 <small>Date Daytime Phone #</small>																										