

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90005 010 \*\*\*163.75

|   |   |   |  |   |   |
|---|---|---|--|---|---|
| <b>DOCUMENT # P02000069030</b>  |   |   |  |    |   |
| <b>1. Entity Name</b><br><b>NAMAR, INC.</b>   |   |   |  |   |   |
| <b>Principal Place of Business</b><br>700 VILLAGE SQUARE CROSSING<br>SUITE 103<br>PALM BEACH GARDENS, FL 33410  |   |   | <b>Mailing Address</b><br>700 VILLAGE SQUARE CROSSING<br>SUITE 103<br>PALM BEACH GARDENS, FL 33410 US  |   |   |
| <b>2. Principal Place of Business</b><br>4911 BONSAI CIRCLE #201<br>Suite, Apt. #, etc.<br>#201<br>City & State<br>PALM BEACH GARDENS, FL<br>Zip<br>33418<br>Country<br>PALM BEACH  |   |   | <b>3. Mailing Address</b><br>4911 BONSAI CIRCLE<br>Suite, Apt. #, etc.<br>#201<br>City & State<br>PALM BEACH GARDENS, FL<br>Zip<br>33418<br>Country<br>PALM BEACH  |   |   |
| 08102006 Chg-P CR2E034 (11/05)  |   |   | <b>50025291</b>  |   |   |
| <b>4. FEI Number</b><br>03-0471373  |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |   |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |   |   | <b>\$8.75 Additional Fee Required</b>  |   |   |
| <b>6. Name and Address of Current Registered Agent</b><br>COHEN, MARK L<br>700 VILLAGE SQUARE CROSSING<br>SUITE 103<br>PALM BEACH GARDENS, FL 33410   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>MARK L. COHEN<br>Street Address (P.O. Box Number is Not Acceptable)<br>4911 BONSAI CIRCLE #201<br>City<br>PALM BEACH GARDENS FL<br>Zip Code<br>33418 |   |   |
| <b>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.</b><br>SIGNATURE <u>Mark L. Cohen</u> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">8/9/06 DATE</span>  |   |   |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 8, 2006</b>   |   | <b>9. Election Campaign Financing</b> <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>COHEN, MARK L<br>700 VILLAGE SQUARE CROSSING<br>PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MARK L. COHEN, PRESIDENT<br>4911 BONSAI CIRCLE #201<br>PALM BEACH GARDENS, FL 33418 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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 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.</b> |   |   |  |   |   |
| <b>SIGNATURE:</b> <u>Mark L. Cohen</u> <b>MARK L. COHEN</b>   |   |   | 8/9/06 <b>561 379 7779</b>   |   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   | Date Daytime Phone #   |   |   |