

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

DOCUMENT # P02000069030

1. Entity Name  
**NAMAR, INC.**



Principal Place of Business  
**700 VILLAGE SQUARE CROSSING**  
**SUITE 103**  
**PALM BEACH GARDENS, FL 33410**

Mailing Address  
**700 VILLAGE SQUARE CROSSING**  
**SUITE 103**  
**PALM BEACH GARDENS, FL 33410 US**

**50025291**



2. Principal Place of Business  
**4911 BONSAI CIRCLE #201**

3. Mailing Address  
**4911 BONSAI CIRCLE**

Suite, Apt. #, etc.  
**#201**

08102006 Chg-P CR2E034 (11/05)

City & State  
**PALM BEACH GARDENS, FL**

City & State  
**PALM BEACH GARDENS, FL**

Zip  
**33418**

Country  
**PALM BEACH**

4. FEI Number  
**03-0471373**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**COHEN, MARK L**  
**700 VILLAGE SQUARE CROSSING**  
**SUITE 103**  
**PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent  
 Name **MARK L. COHEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4911 BONSAI CIRCLE #201**  
 City **PALM BEACH GARDENS FL** Zip Code **33418**

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 *Mark L. Cohen* (NOTE: Registered Agent signature required when reinstating) 8/9/06 DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHEN, MARK L 700 VILLAGE SQUARE CROSSING PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MARK L. COHEN, PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4911 BONSAI CIRCLE #201</b> <b>PALM BEACH GARDENS, FL 33418</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Mark L. Cohen* **MARK L. COHEN** 8/9/06 561 379 7779  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #