## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P02000099211

BAJAMAR TRADING CORPORATION



Mailing Address

7128 S.E. RIVERS EDGE ROAD

JUPITER, FL 33458

Principal Place of Business 7128 S.E. RIVERS EDGE ROAD

JUPITER, FL 33458



## DO NOT WRITE IN THIS SPACE

**FILED** 

Mar 11, 2004 08:00 AM Secretary of State

No Chg-P CR2E034 (10/03) 4. FEI Number 52-2376899 Applied For Not Applicable

5. Certificate of Status Desired

01162004

\$8.75 Additional

	6. Name and Address of Current Regis	tered Agent				equired
VERGARA, CARLOS M 7128 S.E. RIVERS EDGE ROAD JUPITER, FL 33458			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the plans of registered agent.	purpose of changing its registere	ed office or re	gistered agent, or bo	th, in the State of Florida. I am familia	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tide	ii applicable. (NOTE. Registored	d Agent signature	required when reinstating)	DATE	1 <u>.m.</u>
FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Find Trust Fund Contribution		ocing	\$5.00 May Be Added to Fees	000000085553 03711704-80052-014	158.75	
10.	OFFICERS AND DIREC	CTORS				, : <del>-</del> ::=: <del></del> :
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VERGARA, CARLOS M 7128 S.E. RIVERS EDGE ROAD JUPITER, FL 33458					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VERGARA, MANUEL S JR. 6435 S.W. 94TH ST. MIAMI, FL 33156					
TITLE HAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,, , , , ,		
12. I hereby of	certify that the information supplied with this fit on this report or supplemental report is true a	ling does not qualify for the exer	notion stated ure shall have	in Section 119.07(3)	(i), Florida Statutes. I further certify that as if made under path; that I am an	t the information

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 Slock 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR