

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90036 016 ***150.00

DOCUMENT # P02000128813		
1. Entity Name VIALMAR INVESTMENTS, INC.		

Principal Place of Business 150 SE 2 AVENUE SUITE 1009 MIAMI, FL 33131	Mailing Address PO BOX 145388 CORAL GABLES, FL 33114-5388
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54015535

2. Principal Place of Business 150 SE 2ND AVENUE Suite, Apt. #, etc. SUITE #914 City & State MIAMI, FL Zip 33131		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country U.S	
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01072004 Chg-P CR2E034 (10/03)

4. FEI Number 22-3892921		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VALLE, ALBERTO 150 SE SECOND AVENUE SUITE 1009 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name VALLE, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 150 SE 2ND AVENUE, SUITE #914 City MIAMI FL Zip Code 33131

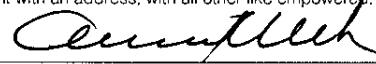
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **3/3/04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ SERODIO, BASILIO 150 SE SECOND AVENUE, SUITE 1009 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 150 SE 2ND AVENUE, SUITE #914 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALLE, ALBERTO 150 SE SECOND AVENUE, SUITE 1009 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 150 SE 2ND AVENUE, SUITE #914 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AGUILERA, GUIDO A 815 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VALLE, ALBERTO 150 SE SECOND AVENUE, SUITE 1009 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 150 SE 2ND AVENUE, SUITE #914 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **3/3/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #