



# ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90004 050 \*\*\*150.00

**DOCUMENT # P03000145308**  
 1. Entity Name  
**CIAMAR CORPORATION**



Principal Place of Business  
**15907 WAVERLY MANOR**  
**DAVIE, FL 33331**

Mailing Address  
**15907 WAVERLY MANOR**  
**DAVIE, FL 33331**

**54060851**



2. Principal Place of Business  
**ALLSTATE INS. CO.**  
 Suite, Apt. #, etc.  
**107**

3. Mailing Address  
**8320 W. SUNRISE BLVD.**  
 Suite, Apt. #, etc.

07062004 Chg-P CR2E034 (10/03)

City & State  
**PLANTATION, FL.**

City & State  
**PLANTATION, FL.**

Zip  
**33322**

Country  
**FLORIDA**

4. FEI Number  
**301276480**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**GRAVIER, ESTHER**  
**15907 WAVERLY MANOR**  
**DAVIE, FL 33331**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAVIER, LUIS R 15907 WAVERLY MANOR DAVIE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAVIER, ESTHER 15907 WAVERLY MANOR DAVIE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **7-2-2004** Daytime Phone #