


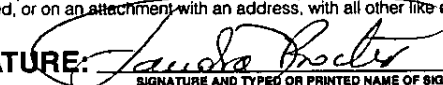


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90146 043 ***150.00

DOCUMENT # P04000017798					
1. Entity Name HUMAR INTERNATIONAL, INC.					
Principal Place of Business 8904 NORTHWEST 53RD COURT SUNRISE, FL 33351			Mailing Address 8904 NORTHWEST 53RD COURT SUNRISE, FL 33351		
2. Principal Place of Business 4810 MANCHESTER DRIVE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 4810 MANCHESTER DRIVE <small>Suite, Apt. #, etc.</small>			
City & State VIERA, FL		City & State VIERA, FL		4. FEI Number 03-0535849	
Zip 32955 Country USA		Zip 32955 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROCTER, SANDRA 8904 NORTHWEST 53RD COURT SUNRISE, FL 33351			7. Name and Address of New Registered Agent Name: SANDRA PROCTOR Street Address (P.O. Box Number is Not Acceptable): 4810 MANCHESTER DRIVE City: VIERA FL Zip Code: 32955		
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MARCO, HURTADO STREET ADDRESS 8904 NORTHWEST 53RD COURT CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Delete		TITLE Change <input type="checkbox"/> Addition NAME 17065 NW 13TH STREET STREET ADDRESS PEMBROKE PINES FL 33028 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME PROCTER, SANDRA STREET ADDRESS 8904 NORTHWEST 53RD COURT CITY-ST-ZIP SUNRISE, FL 33351	<input type="checkbox"/> Delete		TITLE Change <input type="checkbox"/> Addition NAME 4810 MANCHESTER DRIVE STREET ADDRESS VIERA, FL 32955 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DIRECTOR/CEO NAME PROCTER, STEPHEN STREET ADDRESS 4810 MANCHESTER DRIVE CITY-ST-ZIP VIERA, FL 32955	<input type="checkbox"/> Delete		TITLE Change <input type="checkbox"/> Addition NAME 4810 MANCHESTER DRIVE STREET ADDRESS VIERA, FL 32955 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		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 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: 			4/22/05 (321) 433-3161 Date Daytime Phone #		