2005 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P04000018147

FILED Apr 05, 2005 8:00 am Secretary of State

1. Entity Name							04-05-2005 9	0051 009 **	*150.00	
DOLMAR PROPERTY MANAGEMENT INC										
Principal Plac	e of Busines:	.	Mailing Address			İ				
36 ESPERANTO DRIVE			36 ESPERANTO DRIVE							
			PALM COAST FL 321				B##FB1 \$75%		(1 1221 1221 17	
						·				
2. Principal F	Place of Busin	ess	3. Mailing Address			1111	ISYISSI IN OSIN BIBII BBIN B	HAN MULLI MULUL HUMF LUL	BJ HAGI BIBLI KA	fire ii 1921
			3. Walling Address							
Suite, Apt.	#, etc.	·	Suite, Apt. #, etc.	Suite, Apt. #, etc.			st MOORE	CD2E034 /	10/04)	
						1st MOORE				
City & State			City & State		4. FEI Number Applied For					
Zip Country		Zip Country			20-064 3160 Not Applicable					
Zip Country		Country	25		5. Certificate of Status Desir			red S8.75 Additional Fee Required		
	and Address of Curre	nt Registered Agent	Agent 7.		7. Name and Address of New Registered Agent					
					Name					
LÔGUIDICE, JOÉ					Street Address (P.O. Box Number is Not Acceptable)					·· • • ·
		NOOD ÄNEURE		Sueet Ac		s (P.O. Box Number is Not Acceptable)				
STE A HOLLY HILL FL-32117									•	
				-	City		•••		Zip Cod	e
8. The above named entity submits this statement for the purpose of changing its regi					•	r _L i				
8. The above	e named entity tions of regist	r submits this statement ered agent.	for the purpose of changing it	s registered	office or registe	red agent, or b	oth, in the State of I	Florida. I am far	miliar with,	and accept
SIGNATURE	Signature broad	or printed name of registered age	ant and title if applicable (NO	TE: Boustarad A	gent signature required	d when representations)		DATE		
42000 07-6 100101			0000000-04		gent signerure require	2 World I Hourstanking /		- DATE	-	
		FEE IS \$150.00					9. Election Cam	paign Financing	\$5.0	00 мау Ве
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							Trust Fund C	ontribution.		d to Fees
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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 Interest 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.

GNATURE:

| Comparison of 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.

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| Comparison of 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE: _