

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000062779

1. Entity Name

ELLEMAR COMMERCIAL, INC.



Principal Place of Business

11555 HERON BAY BLVD.
SUITE 200
CORAL SPRINGS, FL 33076 US

Mailing Address

11555 HERON BAY BLVD.
SUITE 200
CORAL SPRINGS, FL 33076



03302005 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1001536

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WAROFF, MICHAEL G
11555 HERON BAY BLVD
SUITE 200
CORAL SPRINGS, FL 33076

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROTHENBERG, MARK D
STREET ADDRESS	11555 HERON BAY BLVD., SUITE 200
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VP
NAME	WAROFF, MICHAEL G
STREET ADDRESS	11555 HERON BAY BLVD., SUITE 200
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000525124
05/04/06-80019-002 450.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #