


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90557 031 ***150.00

DOCUMENT # P04000077752					
1. Entity Name WRAY MAR, INC.					
Principal Place of Business 3535 MAGELLAN CIRCLE, STE. 527 AVENTURA, FL 33180			Mailing Address 3535 MAGELLAN CIRCLE, STE. 527 AVENTURA, FL 33180		
2. Principal Place of Business 1930 CANTERBURY DR Suite, Apt. #, etc.		3. Mailing Address 1930 CANTERBURY DR Suite, Apt. #, etc.			
City & State Indian Lantic, FL Zip: 32903 Country: USA		City & State Indian Lantic FL Zip: 32903 Country: USA		4. FEI Number 20-1126609	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ADAMS, MAX A ESQ. ONE ALHAMBRA PLAZA, STE. 100 CORAL GABLES, FL 33134			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 _____ (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 <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: BENEZRA, WRAY STREET ADDRESS: 3535 MAGELLAN CIRCLE, STE. 527 CITY-ST-ZIP: AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: 1930 CANTERBURY DR. CITY-ST-ZIP: Indian Lantic, FL 32903	<input checked="" 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	
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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: <u>Wray Benezra</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			WRAY BENEZRA		321-727-8708 Daytime Phone #