## 2006 FOR PROFIT CORPORATION

## Jan 12, 2006 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P04000128171** 01-12-2006 90194 023 \*\*\*158.75 CERMAR INVESTMENTS, INC. Principal Place of Business Mailing Address 6365 COLLINS AVE. APT. 3407 6365 COLLINS AVE. APT. 3407 MIAMI BCH, FL 33141 MIAMI BCH, FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 CR2E034 (11/05) Chg-P City & State Applied For City & State 4 FFI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARBALLO, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 819 MONTEREY ST CORAL GABLES, FL 33134 City Zip Code 8. The above riamed 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE MARTORELL, MARIO F NAME NAME 5825 COLLINS AVE #9E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BCH, FL 33140 CITY-ST-ZIP DVS Addition Delete TITLE Change TITLE NAME CERDA, LUIS NAME 5825 COLLINS AVE #9E STREET ADDRESS STREET ADDRESS MIAMI BCH, FL 33140 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 charged, or on an affectment with an address, with all other like empowered.

SIGNATURE:

FILED