

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000129101

1. Entity Name

STERAMAR, INC.

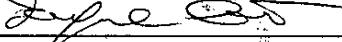
FILED  
Mar 02, 2006 8:00 am  
Secretary of State

03-02-2006 90011 003 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 8823 SANDOWN WAY		3. Mailing Address					
~ Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State BOYNTON BEACH, FL		City & State					
Zip 33437	Country	Zip	Country				
<b>DO NOT WRITE IN THIS SPACE</b>							
4. FEI Number 41-2149789		Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
<p>7. Name and Address of Current Registered Agent</p> <table border="1"> <tr> <td>Name RAFAEL CASTRO</td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable) 8823 SANDOWN WAY</td> </tr> <tr> <td>City BOYNTON BEACH</td> <td>Zip Code FL 33437</td> </tr> </table>				Name RAFAEL CASTRO	Street Address (P.O. Box Number is Not Acceptable) 8823 SANDOWN WAY	City BOYNTON BEACH	Zip Code FL 33437
Name RAFAEL CASTRO							
Street Address (P.O. Box Number is Not Acceptable) 8823 SANDOWN WAY							
City BOYNTON BEACH	Zip Code FL 33437						

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 reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RAFAEL CASTRO 8823 SANDOWN WAY BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/2006

561-312-7715

Date

Daytime Phone #