2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State
05-05-2005 90089 014 ***155.00

DOCUMENT # P04000160229

1. Entity Name
WAYMAR GROUP INC.

Principal Place of Business	Mailing Address
2389 SEAFOOD DR WEST PALM BEACH, FL 33414	2389 SEAFOOD DR WEST PALM BEACH, FL 33414

05032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address	
1332 LAKEWORTH RD	1332 LAK WORTH RD	
Suite, Apt. #, etc.	Suite, Apt #, etc.	
City & State: LAKEWORTH FL 33467	City & State: LAKE WORTH FL 33467	4. FEI Number: 35-2245152 ☐ Applied For ☐ Not Applicable
Zip: 33467 Country: U.S.	Zip: 33467 Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name: WAYNE MINIX 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SELINGER, MARK 2389 SEAFOOD DR WEST PALM BEACH, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MINIX, WAYNE 2389 SEAFOOD DR WEST PALM BEACH, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4-29-05 561-439-0161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #