

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90213 018 ***150.00

DOCUMENT # P93000051046					
1. Entity Name FLORIMAR ENTERPRISES, INC.					
Principal Place of Business 7301 N.W. 4TH STREET STE. 102 PLANTATION, FL 33317			Mailing Address 404 COCONUT PALM ROAD BOCA RATON, FL 33432		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5520 N.E. TRIESTE TERRACE			
City & State		City & State BOCA RATON FL		4. FEI Number 65-0427586	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33487		Country USA		04142006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent SUAREZ, JOSE M 404 COCONUT PALM ROAD BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 5520 N.E. TRIESTE TERRACE City BOCA RATON FL Zip Code 33487		
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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SUAREZ, JOSE M 404 COCONUT PALM ROAD BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5520 N.E. TRIESTE TERRACE BOCA RATON FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SUAREZ, JOHANNA 404 COCONUT PALM ROAD BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5520 N.E. TRIESTE TERRACE BOCA RATON FL 33487	<input checked="" 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 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: _____			4/19/06 581.504.0345		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		