

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000055696

1. Entity Name
ADRIAMAR INVESTMENT CORP.



Principal Place of Business
**% INTERNATIONAL REPRESENTATIVES
10300 N.W. 121 WAY
MEDLEY, FL 33178 US**

Mailing Address
**% INTERNATIONAL REPRESENTATIVES
10300 N.W. 121 WAY
MEDLEY, FL 33178 US**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0447568

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAMAS, JOSE A
10300 NW 121 WAY
MIAMI, FL 33178**

**DO NOT WRITE
IN THIS SPACE**

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 other than stamp) D-TE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LAMAS, JOSE A
STREET ADDRESS	% 10300 N.W. 121 WAY
CITY - ST - ZIP	MEDLEY, FL 33178
TITLE	DS
NAME	SHOJAE, MARIA L
STREET ADDRESS	% 10300 N.W. 121 WAY
CITY - ST - ZIP	MEDLEY, FL 33178
TITLE	DT
NAME	LAMAS, ALEJANDRA A
STREET ADDRESS	% 10300 N.W. 121 WAY
CITY - ST - ZIP	MEDLEY, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000177104
01/11/05-80023-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 reports 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 an other like empowered.

SIGNATURE: *X* *Jose A Lamas* *1/10/05* *305-476-3265*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR