

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000060093

1. Entity Name
AIRMAR GLOBAL INTERNATIONAL, INC.



Principal Place of Business
5126 SOUTH STATE ROAD 7
FT LAUDERDALE, FL 33314 US

Mailing Address
5126 SOUTH STATE ROAD 7
FT LAUDERDALE, FL 33314 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0432398

Applied For
Not Applicable

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

INDACOCHEA, ANDRES A
7551 SHERIDAN STREET
HOLLYWOOD, FL 33024

Name

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
P INDACOCHEA, ANDRESA
STREET ADDRESS 7551 SAERIDON ST.
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE NAME ☐ Change ☐ Addition
NAME 100055181871
STREET ADDRESS 05/24/05--01022--001 **1500.00
CITY-ST-ZIP

TITLE NAME ☐ Delete
S INDACOCHEA, GERMAINE
STREET ADDRESS 7551 SAERIDON ST.
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 MAY 12 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04/29/05