


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000076298</b> 1. Entity Name <b>CARLMAR, INC.</b>					
Principal Place of Business <b>10201 HAMMOCKS BLVD #149 MIAMI FL</b>			Mailing Address <b>10201 HAMMOCKS BLVD #149 MIAMI FL</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0446217</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DE LA TORRE, SILVIA M 10201 HAMMOCKS BLVD #149 MIAMI FL 33196</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State</b>			S 607 193(2)(b). F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input type="checkbox"/> Delete NAME <b>DE LA TORRE, SILVIA M</b> STREET ADDRESS <b>% 10201 HAMMOCKS BLVD #149</b> CITY-ST-ZIP <b>MIAMI FL 33196</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP <b>U00000772619 08/23/07-80002-009 550.00</b>		
TITLE <input type="checkbox"/> Delete NAME <b>RODRIGUEZ, SANDRA C</b> STREET ADDRESS <b>% 10201 HAMMOCKS BLVD #149</b> CITY-ST-ZIP <b>MIAMI FL 33196</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Silvia de la Torre</i> <b>Silvia de la Torre</b> <b>8/20/07</b> <b>(305) 385-9981</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					