
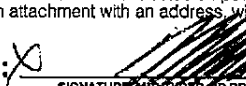


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 02, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P94000030009</b> 1. Entity Name ALMAR OF MIAMI, INC.		
Principal Place of Business 1696-1698 NW 8TH ST MIAMI, FL 33135		Mailing Address 4031 E RIDGEVIEW DR DAVIE, FL 33330
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  ESQUENAZE, MARK 4031 E RIDGEVIEW DR DAVIE, FL 33330		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	ESQUENAZI, MARK	
STREET ADDRESS	4031 E RIDGEVIEW DR	
CITY-ST-ZIP	DAVIE, FL 33330	
TITLE	D	
NAME	ESQUENAZI, ALAN	
STREET ADDRESS	3400 N 32ND TERR	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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 other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date <u>3/24/6</u> Daytime Phone # _____		



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0485606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

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03/13/06-20017-005 150.00