

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90039 018 \*\*\*158.75

**DOCUMENT # P94000043096**

1. Entity Name

**INTERMAR INTERNATIONAL INC.**



Principal Place of Business  
1882-90 NW 82ND AVE.  
MIAMI FL 33126  
US

Mailing Address  
1890 NW 82ND AVE  
109  
MIAMI FL 33126  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number  
**65-0498801**

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

**CAMACHO, LUIS A**  
**1410 LA BARON DRIVE**  
**MIAMI FL 33166**

Name **PLACERES, FLORENTINO M.**

Street Address (P.O. Box Number is Not Acceptable)  
**210 174 ST. APT. 1611**

**SUNNY ISLES BEACH**

City **MIAMI**

**FL**

Zip Code  
**33166**

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 *Florentino M. Placeres*

3/20/2005

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**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete  
NAME **CARRASQUILLO, ANGEL**  
STREET ADDRESS **1882-90 N.W. 82ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VSD** ☐ Delete  
NAME **CAMACHO, LUIS A**  
STREET ADDRESS **1882-90 N.W. 82ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VD** ☐ Delete  
NAME **PALMA, SELVYN A**  
STREET ADDRESS **1882-90 N.W. 82ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VD** ☐ Delete  
NAME **PLACERES, FLORENTINO M**  
STREET ADDRESS **1882-90 N.W. 82ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **M** ☒ Change ☐ Addition  
NAME **CARRASQUILLO, ANGEL**  
STREET ADDRESS **1882-90 NW 82ND AVE. MIAMI, FL 33126-1014**  
CITY-ST-ZIP

TITLE **VS** ☒ Change ☐ Addition  
NAME **CAMACHO, LUIS A.**  
STREET ADDRESS **1882-90 N.W. 82ND AVE. MIAMI, FL 33126-1014**  
CITY-ST-ZIP

TITLE **VC** ☒ Change ☐ Addition  
NAME **PALMA, SELVYN A.**  
STREET ADDRESS **1882-90 N.S. 82ND AVE. MIAMI, FL 33126-1014**  
CITY-ST-ZIP

TITLE **PTD** ☒ Change ☐ Addition  
NAME **PLACERES, FLORENTINO M.**  
STREET ADDRESS **1882-90 NW 82ND AVE., MIAMI, FL. 33126-1014**  
CITY-ST-ZIP

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

TITLE ☐ 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: *Florentino M. Placeres* **FLORENTINO PLACERES**

3/20/2005

3057160111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #