

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000010228

1. Entity Name
DOMARC ENTERPRISES, INC.



Principal Place of Business
6614 SW 114TH PLACE UNIT D
MIAMI, FL 33173

Mailing Address
6614 SW 114TH PLACE UNIT D
MIAMI, FL 33173



01032005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0550973
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARDOSO, MARCIO
6614 SW 114 PLACE
UNIT D
MIAMI, FL 33173

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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 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

U00000248913
03/02/05-80047-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHWARTZ, DAVID R
STREET ADDRESS	9315 SW 77 AVE APT 212
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	S
NAME	CARDOSO, MARCIO
STREET ADDRESS	6614 S.W. 114TH PLACE, UNIT D
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #