

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000023493**  
 1. Entity Name  
**JOSEMAR OF BAL HARBOUR, CORP.**



Principal Place of Business: 10101 COLLINS AVE. SUITE 14-A BAL HARBOUR FL 33154  
 Mailing Address: 10101 COLLINS AVE. SUITE 14-A BAL HARBOUR FL 33154



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: City & State  
 Zip: Zip Country: Country

4. FEI Number: **NO-T APPLICABLE**  
 Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SUPRASKI, LOUIS A**  
**SMITH & SUPRASKI, P.A.**  
**11900 BISCAYNE BLVD., SUITE 760**  
**MIAMI FL 33181**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE: DP	VERON, APOLONIO A	<input type="checkbox"/> Delete
STREET ADDRESS: 10101 COLLINS AVE., STE. 14-A		
CITY-ST-ZIP: BAL HARBOUR FL 33154		
TITLE: DS	DE RIVEROS, FATIMA M	<input type="checkbox"/> Delete
STREET ADDRESS: 10101 COLLINS AVE., STE. 14-A		
CITY-ST-ZIP: BAL HARBOUR FL 33154		
TITLE: _____	_____	<input type="checkbox"/> Delete
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	_____	<input type="checkbox"/> Delete
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	_____	<input type="checkbox"/> Delete
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 02/26/04-80001-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Apolonio A. Veron* 02-21-2004 315-868-3342  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #