2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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International Process Realiness Mailing Address	DOCUMENT # P95000023493 ~ 1. Entity Name JOSEMAR OF BAL HARBOUR, CORP.					Feb 25, Secre	2004 08 etary of S	:00 State	AM e
Suite, Apl. 8, etc. Suite, Apl. 8, etc. MOORE CR26034 (11/03) City & State City & State 4. FEI Number NO-T APPLICABLE Replied For No-T Applicable Replied For No-T Applicable No-T Applicab	10101 COLLINS AVE. SUITE 14-A		10101 COLLINS AVE. SUITE 14-A			 	7/5 41 111 48 11 8 11 888 11111 818		
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S. Name and Address of Current Registered Agent SUPRASKI, LOUIS A SMITH & SUPRASKI, P.A. 11900 BISCAYNE BLVD., SUITE 760 MIAMIT LOUIS A SMITH & SUPRASKI, P.A. 11900 BISCAYNE BLVD., SUITE 760 MIAMIT LOUIS A SMITH & SUPRASKI, P.A. 11900 BISCAYNE BLVD., SUITE 760 MIAMIT LOUIS A SMITH & SUPRASKI, P.A. 11900 BISCAYNE BLVD., SUITE 760 MIAMIT LOUIS A SMITH & SUPRASKI, P.A. 11900 BISCAYNE BLVD., SUITE 760 MIAMIT LOUIS A SMITH & SUPRASKI, P.A. 11900 BISCAYNE BLVD., SUITE 760 MIAMIT LOUIS A SMITH WAS A CONTROLLED A						4. FEI Number NO-T APP		Not	Applicable
SUPRASKI, LOUIS A SMITH & SUPRASKI, P.A. 11900 BISCAYNE BLVD, SUITE 760 MIAMI FL 33181 Sire Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 2, 2004 Fee will be \$550.	<u> </u>		<u> </u>	Count	iry		Fee F	Required	ional
SMITH & SUPRASKI, P.A. 11900 BISCAYNE BLVD., SUITE 760 MIAMI FL 33181 Sirped Address (P.O. Box Number is Not Acceptable) FL Zip Code 6. 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE NAME SIRET ADDRESS OITY-ST-2P DEER INVEST. STATE ALARBOUR FL 33154 Delete ITIE NAME SIRET ADDRESS OITY-ST-2P TITLE NAME SIRET ADDRESS	0. Name an	a Address of Current Regis	stered Agent		Name	/. Name and Address of New	Registered Agent		
B. 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITL DP MARE VERON, APOLONIO A SIRETADRESS OTIV-ST-ZIP DOS OFFICERS AND DIRECTORS IN 11 TITLE DOS NAME DISTRIPATIONESS OTIV-ST-ZIP TITLE DEBET TITLE DEBET MARE DISTRIPATIONESS OTIV-ST-ZIP TITLE DEBET TITLE DEBET TITLE DEBET TITLE DEBET MARE SIRETADRESS OTIV-ST-ZIP TITLE Charge Addition TIT	SMITH & SUPRASKI, P.A. 11900 BISCAYNE BLVD., SUITE 760				Street Address (P.O. Box Number is Not Acceptab	vie)		
The obligations of registered agent. SIGNATURE Signature, hyand or printed name of registered agent and site of applicable (NOTE Registered Agent signature registed when rehistable) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees					•		Г	•	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11) TITLE NAME VERON, APOLONIO A 10101 COLLINS AVE., STE. 14-A 10101 COLLINS AVE., STE., 14-A 10101	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.								
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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.

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

02-21-2101 315-868-3362

Date Daytime Phone #