

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P95000036957

1. Entity Name
KOMAR INVESTMENTS, INC.



Principal Place of Business

848 BRICKELL AVE.
#700
MIAMI, FL 33131

Mailing Address

848 BRICKELL AVE.
#700
MIAMI, FL 33131



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0580704	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MARENO, P.A.
TWO ALHAMBRA PLAZA
PENTHOUSE 1B
MIAMI, FL 33134

**DO NOT WRITE
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARDID, INIGO
STREET ADDRESS	848 BRICKELL AVE, SUITE 700
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	D
NAME	ARDID, JOSE M
STREET ADDRESS	848 BRICKELL AVE, SUITE 700
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	D
NAME	ARDID, DIEGO
STREET ADDRESS	848 BRICKELL AVE STE 700
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE ARDID

4/11/07

Date

Daytime Phone #

305 377 1001

**DO NOT WRITE
IN THIS SPACE**

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04/24/07-60143-021 150.00