

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 08:00 AM
Secretary of State

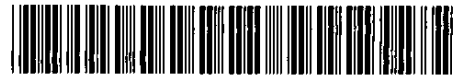
DOCUMENT # P95000037448



1. Entity Name
C-MAR, INC.

Principal Place of Business
5742 S.W. 51 TERRACE
MIAMI FL 33155

Mailing Address
5742 S.W. 51 TERRACE
MIAMI FL 33155



2. Principal Place of Business - No P.O. Box #

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0582029

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

SPIEGEL & UTRERA, PA
1840 CORAL WAY
4TH FLOOR
MIAMI FL 33145

Name

NONE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME
STREET ADDRESS
CITY-STATE-ZIP
PTD
NEMETH, MICHELLE R
5742 S.W. 51 TERRACE
MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VSD
NEMETH, BRIAN J
5742 S.W. 51 TERRACE
MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
U00000625032
02/14/07-80059-016 150.00

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

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☐ Change ☐ Addition

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CITY-STATE-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Michelle R. Nemeth MICHELLE R. NEMETH

2-3-07 305-815-1455