2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 2000

Apr 21, 2006 8:00 am Secretary of State DOCUMENT # P95000075251 04-21-2006 90119 041 ***150.00 DARMAR ENTERPRISES OF SOUTH FLORIDA, INC. Principal Place of Business . Mailing Address 12614 TORBAY DRIVE 12614 TORBAY DRIVE PLOFIULG BOCA RATON, FL 33428 BOCA RATON, FL 33428 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 65-0616802 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBINSON, DANIEL Street Address (P.O. Box Number is Not Acceptable) 12614 TORBAY DRIVE BOCA RATON, FL. 33428 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. mur ; ☐ Delote TITLE ☐ Change ☐ Addition ROBINSON, DANIEL NAME 12614 TORBAY DRIVE STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP **BOCA RATON, FL. 33428** CITY-ST-ZIP muet,. ☐ Delete ☐ Change ■ Addition ROBINSON, DANIEL NAME NAME STREET ADDRESS 12614 TORBAY DRIVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change X Addition ROBINSON, MURIEL 15718 LOCH MAREE LANE, UNIT 5602 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL 33446 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

DANJEL ROBINSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/06

561-852-8775

FILED