2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Sep 10, 2004 8:00 am Secretary of State DOCUMENT # P97000050936 1. Entity Name 09-10-2004 90008 027 ***150.00 HIMARC & ASSOCIATES INC. Principal Place of Business Mailing Address 14021 SW 67TH COURT 14021 SW 67TH COURT MIAMI FL 33158 MIAMI FL 33158 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 65-0774659 Not Applicable Zip 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 GARCIA-LOUIS D 3600 NW-82ND AVE MIAMI FL 33183 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 \$550,000 /S O S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 OCT 1 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITE ☐ Delete TITLE Addition NAME LOURDES, GARCIA NAME STREET ADDRESS 14021 SW 67 CT STREET ADDRESS **MIAMI FL 33158** CITY-ST-ZIP CITY-ST-ZIP. TITLE TITLE ☐ Defete ☐ Change ☐ Addition GARCIA, JOSEPH A NAME NAME STREET ADDRESS 14021 SW 67 CT STREET ADDRESS **MIAMI FL 33158** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

SIGNATURE: Samely Jack - Lourdes Garcia 9/1/04 305-971-9262



AHachment HP94600050936

Florida Department of State Annual Report Section P.O. Box 6850 Tallahassee, Florida 32314 September 1, 2004.

To Whom May Concern:

I'm sending this letter regarding my Corporation Himarc & Associates, Inc. I'm a consultant that works out of my home office and I did not receive any letter in January, requesting the fee payment. I did receive the enclosed form and I'm attaching the check for the \$150.00 fee. Please feel free to call me if any questions.

Sincerely,

Lourdes Garcia

Himarc, & Associates Inc.

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