2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000087697

Entity Name: ZEMAR, INC.

City-St-Zip:

BOCA RATON, FL 33498

FILED Apr 19, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1215 WALLACE DRIVE DELRAY BEACH, FL 33444				3600 S. CONGRESS AVENUE UNIT J BOYNTON BEACH, FL 33426	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1215 WALLACE DRIVE DELRAY BEACH, FL 33444			3600 S. CONGRESS AVENUE UNIT J BOYNTON BEACH, FL 33426		
FEI Number	: 65-0788848	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:	
	MEL D OISTER LAKE TON, FL 3349				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title:	*) Delete	Title:	() Change () Addition	
Name:	KANTOR, MEL		Name:		
Address: City-St-Zip:	19142 CLOIST BOCA RATON,		Address: City-St-Zip:		
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Title:	,) Delete	Title:	() Change () Addition	
Name:	KANTOR, CAR		Name:		
Address:	19142 CLOIST		Address:		
City-St-Zip:	BOCA RATÓN				
Title:	200711011011	ER LAKE LN. FL 33498	City-St-Zip:	· · · · · · · · · · · · · · · · · · ·	
ride.			City-St-Zip: Title:	() Change () Addition	
Name:	D (KANTOR, ZEN	FL 33498) Delete A M	- ·		
Name: Address:	D (KANTOR, ZEN 19142 CLOIST	FL 33498) Delete A M 'ER LAKE LN.	Title:		
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Name: Address: City-St-Zip:	D (KANTOR, ZEN 19142 CLOIST BOCA RATON	FL 33498) Delete A M TER LAKE LN. FL 33498) Delete	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MEL D. KANTOR PRES 04/19/2004