

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90052 038 ***150.00

DOCUMENT # P98000058318					
1. Entity Name COMOBAR 2000, INC.					
Principal Place of Business 168 NE 24TH STREET MIAMI, FL 33137 US			Mailing Address 168 NE 24TH STREET MIAMI, FL 33137 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0846776	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENSPOON, GERALD 100 W CYPRESS CREEK RD STE 700 FT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Siegfried, Rivera, Lerner, de la Torre & Sobel PA. 201 Alhambra Circle, Suite 1102 Coral Gables FL 33134		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P COMETTO, MICHELE 168 NE 24TH STREET MIAMI, FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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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 my address, with all other the empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					