

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90086 036 ***150.00

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1. Entity Name

HEMAR CONSTRUCTION, INC.



Principal Place of Business

4940 S.W. 95TH COURT
MIAMI FL 33165

Mailing Address

4940 S.W. 95TH COURT
MIAMI FL 33165



2. Principal Place of Business

3011 NW. 75TH AVE.

Suite, Apt. #, etc.

3. Mailing Address

3011 NW. 75TH AVE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0979663

Applied For

Not Applicable

Zip

33122

Country

US

Zip

33122

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, HERBIE C
4940 S.W. 95TH COURT
MIAMI-FL-33165

7. Name and Address of New Registered Agent

Name

HERBIE GARCIA

Street Address (P.O. Box Number is Not Acceptable)

3011 NW. 75TH AVE.

City

Miami

FL

Zip Code

33122

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 constituting)

2/13/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 P ☒ Delete
NAME GARCIA, HERBIE
STREET ADDRESS 4940 S.W. 95TH COURT
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete
NAME GARCIA, HERBIE
STREET ADDRESS 3011 NW 75TH AVE
CITY-ST-ZIP Miami, FL 33122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06 (705) 994-7775

DATE Daytime Phone #