


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # V39761 1. Entity Name EDMAR CONSULTANTS REG'D. CO.	
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Principal Place of Business 4605 NORFOLIC ISLAND DR TAMARAC, FL 33319-3511	Mailing Address 4605 NORFOLIC ISLAND DR TAMARAC, FL 33319-3511
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04082005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0336792	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROSEN, JEROME L 7880 N UNIVERSITY DR FORT LAUDERDALE, FL 33321

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, EDWARD 5101 BUCHAN ST, PH-1 MONTREAL, QUE., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MARY E. 5101 BUCHAN ST, PH-1 MONTREAL, QUE., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, CAROLINE 5101 BUCHAN ST, PH-1 MONTREAL, QUE., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000318964
04/20/05-80080-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mary E. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/05 954-730-007