


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90068 036 ***150.00

DOCUMENT # V62761 1. Entity Name DAMAR III, INC.					
Principal Place of Business 411 E SHERIDAN STREET DANIA, FL 33004			Mailing Address 411 E SHERIDAN STREET DANIA, FL 33004		
2. Principal Place of Business 654 HIBISCUS DR			3. Mailing Address 654 HIBISCUS DR		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State HALLANDALE BEACH FL			City & State HALLANDALE BEACH, FL.		
Zip 33009			Zip 33009		
Country USA			Country USA		
6. Name and Address of Current Registered Agent TESTA, GRACE B 654 HIBISCUS DRIVE HALLANDALE, FL 33009				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Grace B. Testa</u> DATE <u>2/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DVP TESTA, GRACE B. 654 HIBISCUS DR. HALLANDALE, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <u>Grace B. Testa</u> DATE <u>2/25/05</u> DAYTIME PHONE # <u>(954) 562-9111</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

20017400



02252005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0359962 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**