

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # V71912	
1. Entity Name CARMAR ENTERPRISES, CORP.	

Principal Place of Business 2665 W. ATLANTIC BLVD. POMPONO BEACH FL 33069	Mailing Address 2665 W. ATLANTIC BLVD. POMPONO BEACH FL 33069
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0363755	Applied For ☐
	Not Applicable ☐

5. Certificate of Status Desired 	\$8.75 Additional Fec Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RANGOONWALA, AMIN M ✓ 5212 EAGLE CAY WAY COCONUT CREEK FL 33073		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title. (NOTE: Registered Agent Signature required when not applicable)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	RANGONWALA, YASMIN ✓			NAME			
STREET ADDRESS	2665 W. ATLANTIC BLVD			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33069			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	RANGONWALA, SOHAIL ✓			NAME			
STREET ADDRESS	2665 W ATLANTIC BLVD			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33069			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	RANGONWALA, RAHEEL ✓			NAME			
STREET ADDRESS	2665 W ATLANTIC BLVD			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33069			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Rangoonwala **04-10-08 954 970 9103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR