



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2004 8:00 am
Secretary of State

09-23-2004 90001 025 ***550.00

DOCUMENT # F97000001301 1. Entity Name MARTIN STUART, LTD., INC.			
Principal Place of Business 4005 EAST 10TH CT HIALEAH, FL 33013		Mailing Address 4005 EAST 10TH CT HIALEAH, FL 33013	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1400 Broadway Suite, Apt. #, etc. 2101 City & State NY, NY Zip Country 10018 USA	
			
		08192004 Chg-P CR2E034 (10/03)	
		4. FEI Number 13-3536644 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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 _____ <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 \$550.00 Due by September 8, 2004		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	DISICK, STUART 4005 E. 10TH CT. HIALEAH, FL 33013	TITLE NAME STREET ADDRESS CITY- ST- ZIP	OWNER SAME
TITLE NAME STREET ADDRESS CITY- ST- ZIP	WHALEN, MARTIN 8 MEADOW LARK RYE BROOK, NY 10573	TITLE NAME STREET ADDRESS CITY- ST- ZIP	President SAME
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP
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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 another like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 9-10-2004 Daytime Phone # 570 9600	

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