2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000061886



FILED Apr 14, 2008 8:00 am Secretary of State 04-14-2008 90025 049 ***150.00

MARTNI HOLDINGS VII, INC.												
5728 MAJOR BLVD., STE. 601 5				Mailing Address 5728 MAIOR BLVD., STE. 601 ORLANDO, FL 32819								
2. Prosta W. Sand lake Rd. 79				3. Mailing Address 7932 W. Sand lake Rd.								
30€; 16,30€c				Suite Apt. #, etc.				03112008	Chg-P	CR2	E034 (12/06)	
Orlando, FL			Ort	ando, FL			4. FEI Number 59-372			 	oplied For ot Applicable	
32819	Country		328	328 ⁴ 9		Country		5. Certificate	of Status Desire	d 🗆	\$8.75 Add Fee Require	
	6. Name	and Address of Currer	nt Regis	tered Agent		<u> </u>		7. Name and	Address of Ne	w Registere	d Agent	
KHATIB, RASHID A 5728 MAJOR BLVD., STE. 601						Name Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO, FL 32819				7932 W. S Orlando, F				and Lake Rd. Ste 300 L 32819 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												
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financial Trust Fund Contribution.						ncing		.00 May Be ed to Fees				
10.		OFFICERS AN	D DIREC	CTORS	11.			ADDITIONS/	CHANGES TO	OFFICERS A	ND DIRECTOR	3 IN 11
TITLE NAME STREET AODRESS CITY-ST-ZIP	5728 MA.	RASHID A IOR BLVD., STE. 601 O, FL 32819		☐ Delete		1		2 W. Sand L ndo, FL 328	.ake Rd. Ste 319	300	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5728 MA.	RANDALL R JOR BLVD., STE. 601 O, FL 32819	☐ Delete	E E ET ADORESS -ST-ZIP		2 W. Sand I ndo, FL 328	_ake Rd. Ste 319	e 300	Ç Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						•	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					, , , ,		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	· -	☐ Delete		1	 				☐ Change	Addition
indicated of the cor	on this repo poration or t or on an att	e information supplied w rt or supplemental report he receiver or trustee em achment with an address	is true a powere	and accurate and that r d to execute this report other like empowered	my signat : as requi	ture shall ha red by Char	ive the s oter 607	same legal effec ', Florida Statute	t as if made und	ler oath; tha ame appear	t I am an officer rs in Block 10 or	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytme Phone #