


FILED
Jun 27, 2003 8:00 am
Secretary of State

06-27-2003 90047 004 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000024531

1. Entity Name
MARTLOV, INC.



10108748

Principal Place of Business
 3958 SALMON DR
 ORLANDO FL 32835

Mailing Address
 3958 SALMON DR
 ORLANDO FL 32835



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
 Zip Country

4. FEI Number
383644264

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FINANCIAL FOUNDATIONS, INC.
 3150 SANDY RIDGE DR
 CLEARWATER FL 33761

7. Name and Address of New Registered Agent
 Name **Cesar A. Martos**
 Street Address (P.O. Box Number is Not Acceptable)
3958 Salmon Drive
 City **Orlando** FL Zip Code **32835**

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  **Cesar A. Martos** DATE **07/19/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW! FEE IS \$150.00
 After May 1, 2003 Fee will be \$350.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	MARTOS, CESAR A	3958 SALMON DR	ORLANDO FL 32835	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2004 (10/02)

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 of 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 filing empowered.

SIGNATURE:  **Cesar A. Martos** DATE **07/19/03** DAYTIME PHONE # **4072978916**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR