


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90044 031 ***150.00

DOCUMENT # P94000087615	
1. Entity Name MARTIN S. WIENER CO., INC.	

Principal Place of Business 6624 N.W. 23RD TERR. BOCA RATON FL 33496	Mailing Address 6624 N.W. 23RD TERR. BOCA RATON FL 33496
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NEW ↓ **NEW ADDRESSES** ↓ *NEW*

Principal Place of Business 11031 VIA AMALFI	3. Mailing Address PO BOX 742144
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOYNTON BEACH FL	City & State BOYNTON BEACH, FL
Zip 33437	Zip 33474
Country USA	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 65-0565263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent APPLEBAUM, STANLEY D 86 HAMPSHIRE LANE BOYNTON BEACH FL 33436	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D WIENER, MARTIN S 6624 N.W. 23RD TERR. BOCA RATON FL 33496 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: Martin S Wiener PRESIDENT, MARTIN S. WIENER 04.01.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #