

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90164 031 \*\*\*150.00

**DOCUMENT # P98000080104**  
 1. Entity Name  
**MARTNI MAGUIRE, INC.**



40068994



Principal Place of Business: 5728 MAJOR BLVD SUITE 601 ORLANDO, FL 32819  
 Mailing Address: 5728 MAJOR BLVD SUITE 601 ORLANDO, FL 32819

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country

04242006 Chg-P CR2E034 (11/05)

4. FEI Number: 59-3532510 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 KHATIB, RASHID A  
 5728 MAJOR BLVD  
 SUITE 601  
 ORLANDO, FL 32819

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: DP  
 NAME: KHATIB, RASHID A  
 STREET ADDRESS: 5728 MAJOR BLVD STE.,#601  
 CITY-ST-ZIP: ORLANDO, FL 32819

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: D  
 NAME: KHOURI, ZAH M  
 STREET ADDRESS: 5728 MAJOR BLVD STE.,#601  
 CITY-ST-ZIP: ORLANDO, FL 32819

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: DVP  
 NAME: JABER, HASAN M  
 STREET ADDRESS: 1568 LANDINGS TERR.  
 CITY-ST-ZIP: SARASOTA, FL 34231

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: DST  
 NAME: HODGE, RANDALL R  
 STREET ADDRESS: 5728 MAJOR BLVD STE.,#601  
 CITY-ST-ZIP: ORLANDO, FL 32819

TITLE: DVP  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
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 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Rashid Khatib 4-27-06 407-354-2200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #