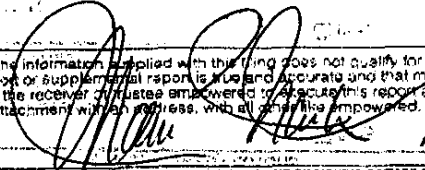


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90086 043 ***150.00

DOCUMENT # 278926 1. Entity Name MARTY NASH & AIDES, INC.			
Principal Place of Business 7331 CORAL WAY MIAMI, FL 33155-8402		Mailing Address 7331 CORAL WAY MIAMI, FL 33155-8402	
2. Principal Place of Business 6911 SW 147 AVE		3. Mailing Address 6911 SW 147 AVE	
Suite, Apt. #, etc. # 2B		Suite, Apt. #, etc. # 2B	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33193		Zip 33193	
Country USA		Country USA	
4. FEI Number 59-1094968		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NASH, MARTIN P 7331 CORAL WAY SUITE 250 MIAMI, FL 33155		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 remaining) Signature, typed or printed name of registered agent and state of publication DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$850.00		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 PD	NAME NASH, MARTIN P	TITLE PD	NAME NASH, MARTIN P
STREET ADDRESS 6911 SW 147 AVE 3B	CITY-STATE-ZIP MIAMI, FL 33193	STREET ADDRESS 6911 SW 147 AVE 3B	CITY-STATE-ZIP MIAMI, FL 33193
TITLE VD	NAME NASH, RUTH L	TITLE VD	NAME NASH, RUTH L
STREET ADDRESS 6911 SW 147 AVE 3B	CITY-STATE-ZIP MIAMI, FL 33193	STREET ADDRESS 6911 SW 147 AVE 3B	CITY-STATE-ZIP MIAMI, FL 33193
TITLE NAME	STREET ADDRESS NAME	TITLE NAME	STREET ADDRESS NAME
CITY-STATE-ZIP NAME	CITY-STATE-ZIP NAME	CITY-STATE-ZIP NAME	CITY-STATE-ZIP NAME
TITLE NAME	STREET ADDRESS NAME	TITLE NAME	STREET ADDRESS NAME
CITY-STATE-ZIP NAME	CITY-STATE-ZIP NAME	CITY-STATE-ZIP NAME	CITY-STATE-ZIP NAME
TITLE NAME	STREET ADDRESS NAME	TITLE NAME	STREET ADDRESS NAME
CITY-STATE-ZIP NAME	CITY-STATE-ZIP NAME	CITY-STATE-ZIP NAME	CITY-STATE-ZIP NAME
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 609, 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 P. NASH 4/16/04 305 387-2901			