04/16/2004 17:10 3053739731 LERMAN & LERM

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	Mailing Address
7331 CORAL WAY MIAMI, FL 33155-8402	7331 CORAL WAY MIAMI, FL 33155-8402

04162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6911 SW 147 AVE	
Suite, Apt. #, etc: # 3B	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33193 Country: USA	Zip: 33193 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 260
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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	NASH, MARTIN P	
STREET ADDRESS	6911 SW 147 AVE 3B	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	VD	☐ Delete
NAME	NASH, RUTH L	
STREET ADDRESS	6911 SW 147 AVE 3B	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 NASH 4/16/04 305 387-2901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #