


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90036 010 ***150.00

DOCUMENT # F42334					
1. Entity Name MARTIN FLORIDA INVESTMENTS, INC.					
Principal Place of Business 1500 NORTH ATLANTIC AVE. DAYTONA BEACH, FL 32118-3504			Mailing Address 1114 WILSON AVE 203 TORONTO, ON M3M1G US		
2. Principal Place of Business		3. Mailing Address 1114A. WILSON AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE. 203			
City & State		City & State TORONTO ONTARIO		4. FEI Number 59-2242353	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip M3M 1G7		Country CANADA		02172004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRAMER, ROBERT E. 1501 N. RIDGEWOOD AVE. HOLLY HILL, FL 32117			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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, THOMAS		NAME	MARTIN, THOMAS	
STREET ADDRESS	1500 N. ATLANTIC AVE.		STREET ADDRESS	1500 N. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BEACH, FL		CITY-ST-ZIP	DAYTONA BEACH, FL 32118-3504	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MARIAN		NAME	MARTIN, MARIAN	
STREET ADDRESS	1500 N. ATLANTIC AVE.		STREET ADDRESS	1500 N. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BEACH, FL		CITY-ST-ZIP	DAYTONA BEACH, FL 32118-3504	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Thomas Martin</u>			FEB 25, 2004		416-636-0056
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>