

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 28, 2008 8:00 am
Secretary of State

08-28-2008 90001 021 ***158.75

DOCUMENT # F42334

1- Entity Name

MARTIN FLORIDA INVESTMENTS, INC.



Principal Place of Business

**1500 NORTH ATLANTIC AVE.
DAYTONA BEACH FL 32118-3504**

Mailing Address

**1114A WILSON AVE #203
TORONTO ONTARIO M3M1G
CANADA
XX**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4218 LAWRENCE AVE. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 212

City & State

City & State

Toronto Ontario

Zip

Country

Zip

Country

M1E 4X9

CANADA

2nd MOORE

CR2E034 (4/08)



4. FEI Number

59-2242353

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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 ☒ Delete
NAME **P**
STREET ADDRESS **MARTIN, THOMAS**
CITY-ST-ZIP **1500 N. ATLANTIC AVE.
DAYTONA BEACH FL 32118-3504**

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

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **MARTIN, MARIAN**
CITY-ST-ZIP **1500 N. ATLANTIC AVE.
DAYTONA BEACH FL 32118-3504**

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **MARIAN MARTIN**
CITY-ST-ZIP **1500 N. ATLANTIC AVE
DAYTONA BEACH FL, 32118-3504**

TITLE ☐ Delete
NAME **SECRETARY**
STREET ADDRESS **ROBERT MARTIN**
CITY-ST-ZIP **4218 LAWRENCE AVE.**

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **ROBERT MARTIN**
CITY-ST-ZIP **4218 LAWRENCE AVE E, Suite 212
TORONTO ONTARIO CANADA M1E 4X9**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 22/08 (416) 269-6011